



KENT COUNTY HEALTH DEPARTMENT



LELAND D. SPENCER, M.D., M.P.H., HEALTH OFFICER
125 S. Lynchburg Street, Chestertown, Maryland 21620 Phone: (410) 778-1350

COUNTY OF KENT

STATE OF MARYLAND

Please **Print** information about client

_____ **D.O.B.** ____/____/____
Last Name, First Name MI Age Month Day Year

Street Address _____

_____ Phone: _____
City State Zip

Race: Caucasian African American Hispanic Other: _____

Sex: Male Female

Payment Options:

Credit Card - # _____

Cash- amount _____

Check - # _____

Medicare # _____

Medical Assistance # _____

Medicare A & B Yes - No

Insurance Name: Amerigrp-PP-MPC-UHC-RIVERSIDE

I acknowledge that I have received today or have received in the past, a copy of the notice of Privacy Practices with an effective date of April 14, 2003. I have read or have had explained to me the information in the vaccine information statement.

Client Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

VIS Date	8/07/2015	8/07/2015		
Vaccine	Fluzone	High Dose Influenza		
Date				
Vaccine Lot & Expiration	UI678AA EXP: 6/30/2017 Sanofi Pasteur	UI664AA EXP: 4/06/2017 Sanofi Pasteur		
Site of Injection	IM Deltoid 0.5cc LT RT	IM Deltoid 0.5cc LT RT	IM Deltoid 0.5cc LT RT	IM Deltoid 0.5cc LT RT
Signature of vaccinator				