



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: **Private Insurance:** _____

Cash- amount _____ **Uninsured:** _____

Medicare # _____ **Medical Assistance #** _____

Medicare A & B Yes No

Insurance Name: Amerigroup-MPC-PP-UHC-UMHP

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	8/07/2015	8/07/2015
Vaccine	Fluzone Quad	Fluzone Quad	High Dose Influenza	High Dose Influenza
Date				
Vaccine Lot & Expiration	UJ005AC Exp: 6/30/2019 Sanofi Pasteur	U1983AA EXP: 6/30/2019 Sanofi Pasteur	UJ036AA EXP: 5/09/2019 Sanofi Pasteur	UJ031AA EXP: 5/01/2019 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				