KENT COUNTY

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HEALTH DEPARTMENT

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

STATE OF MARYLAND

*** Have your Insurance Card out and ready to be scanned***

Please **Print** information about client

Last Name _____ First Name _____ MI _____ Age _____ D.O.B Month Day Year _____

Street Address _____

City _____ State _____ Zip _____ Phone: _____

Race: ☐ Caucasian ☐ African American ☐ Hispanic ☐ Other: _____

Sex: ☐ Male ☐ Female

Payment Options:

☐ **Medicare #** _____

☐ **Medicare A &B** ☐ **Yes** ☐ **No**

☐ **Medicare Advantage #** _____

☐ **Cash Amount $** _____

☐ **No Charge - - VFC Age 18 or younger**

☐ **Medical Assistance #** _____

Check MCO Name: ☐ Amerigroup ☐ Aetna BH ☐ MPC ☐ CareFirst CHP ☐ Priority Partners ☐ UHC

I acknowledge that I have received today or have received in the past, a copy of the notice of Privacy Practices with and effective date of July 1, 2017. I have read or have had explained to me the information in the vaccine information statement.

Client Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

This section for staff only!

VIS Date	08/6/2021	08/6/2021	08/6/2021	8/6/2021
Vaccine	**Fluzone *or* Fluarix**	**Flublok**	**High Dose Fluzone**	**Vac. For Children**
Date Vaccine and VIS given				
Vaccine Manufacturer, Lot & Expiration				
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				
	Adults	***19- & older***	***65 & older***	***Age 18 and under***