



Public Health
Prevent. Promote. Protect.

SOUTHWESTERN DISTRICT HEALTH UNIT

227 16th Street West, Dickinson, ND 58601

Vaccine Administration Record

Client's Last Name	Client's Legal First Name	M.I.	Other / Maiden Name	M F Gender (circle)
Client's Date of Birth	Client's Age	Client's Birth State	Mother's Name (if under 18)	
Address (Street or PO Box)		City	State	Zip
Home Phone Number	Cell Phone Number	Work Phone Number	Primary Care Provider	
Person Financially Responsible for Client	Relationship to Client	Address if different from Client's address		

*Tobacco Use: <input type="checkbox"/> Current <input type="checkbox"/> Former <input type="checkbox"/> Never	Secondhand Smoke: <input type="checkbox"/> Exposed <input type="checkbox"/> Not Exposed	Advised to Quit: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Referral Offered: <input type="checkbox"/> Yes <input type="checkbox"/> No	Referral Accepted: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian	Ethnicity: <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Hispanic	Language Preferred: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____	VFC Eligibility Status (check all that apply): <input type="checkbox"/> ND Medicaid <input type="checkbox"/> American Indian <input type="checkbox"/> No Insurance <input type="checkbox"/> Underinsured <input type="checkbox"/> Not Eligible - (Vaccines covered by Health Insurance, Adult, etc.)
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Do you have private insurance that covers immunizations? Yes No

Primary Insurance Provider: <input type="checkbox"/> Blue Cross Blue Shield State _____ <input type="checkbox"/> Sanford Health Plan <input type="checkbox"/> Sanford Medicaid Expansion <input type="checkbox"/> ND Medicaid # _____ <input type="checkbox"/> Medicare # _____ <input type="checkbox"/> RR Medicare # _____ <input type="checkbox"/> Other: _____	Insurance Policy Number: _____ Insurance Policy Subscriber's Name: _____ Subscriber's Date of Birth: _____ Relationship to Client: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Spouse Other: _____
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Subscriber's Address (if different than client's) _____

I acknowledge that I have been provided with Southwestern District Health Unit's Notice of Privacy Practices. I understand that I may request an additional copy of this Notice. I agree that I am financially responsible for services provided and not covered by a third-party payer. I assign and authorize any third-party payer to make payment to SWDHU for all benefits that I am eligible for.

I authorize the release of any medical or other information necessary to process this claim.

The information collected on this form will be used to document authorization to receive vaccinations. Information may be shared through the ND Immunization Information System (NDIIS) with other entities in accordance with ND Century Code 23-01-05.3. A copy of the appropriate Center's for Disease Control & Prevention Vaccine Information Statement(s) has been provided. I have read, or have had explained, the information about the disease(s) and the vaccine(s) listed. I had an opportunity to ask questions which were answered satisfactorily. I understand the benefits and risks of these vaccine(s) and ask that the vaccine(s) listed be given to me or the person named above for whom I am authorized to make this request.

Signature of Client / Parent or Legal Guardian (if under 18) _____ Date _____

Vaccine Administration Record

Client Name _____

Date Vaccine Administered _____

R/D	Source	Vaccine	Code	Price	VIS	MFR	Lot #	Rt	Admin	Nurse Signature
	VFC P	DTaP (diphtheria-tetanus-pertussis)	Z23 90700	VFC - \$ 20.99 P - \$ 54.00	5/17/2007	AVP GSK		IM	LA RA LT RT	
	VFC P	DTaP/HepB/ IPV (Pediarix)	Z23 90723	VFC - \$ 20.99 P - \$ 108.00	5/17/2007 2/2/2012 11/8/2011	GSK		IM	LA RA LT RT	
	VFC P	DTaP-HIB-IPV (Pentacel)	Z23 90698	VFC - \$ 20.99 P - \$ 124.00	5/17/2007 4/2/2015 11/8/2011	AVP		IM	LA RA LT RT	
	VFC P	DTaP-IPV (Kinrix)	Z23 90696	VFC - \$ 20.99 P - \$ 83.00	5/17/2007 11/8/2011	GSK		IM	LA RA LT RT	
	VFC P	Hep A (Hepatitis A) 12 mo. thru 18 YO	Z23 90633	VFC - \$ 20.99 P - \$ 62.00	10/25/2011	MSD GSK		IM	LA RA LT RT	
	P	Hep A (Hepatitis A) Age 19 & Older	Z23 90632	P - \$ 86.00	10/25/2011	MSD GSK		IM	LA RA LT RT	
	VFC P	Hep B (Hepatitis B) Birth thru 18 YO	Z23 90744	VFC - \$ 20.99 P - \$ 58.00	2/2/2012	GSK MSD		IM	LA RA LT RT	
	P	Hep B (Hepatitis B) 19 Years Old	Z23 90744	P - \$ 58.00	2/2/2012	GSK MSD		IM	LA RA LT RT	
	P	Hep B Adult Age 20 & Older	Z23 90746	P - \$ 97.00	2/2/2012	GSK MSD		IM	LA RA LT RT	
	VFC P	HIB (PedvaxHib)	Z23 90647	VFC - \$ 20.99 P - \$ 55.00	4/2/2015	AVP MSD		IM	LA RA LT RT	
	VFC P	HPV-4 (Human Papillomavirus)	Z23 90649	VFC-\$ 20.99 P - \$ 202.00	5/17/2013	MSD		IM	LA RA LT RT	
	VFC P	HPV-9 (Human Papillomavirus)	Z23 90651	VFC-20.99 P - \$ 221.00	3/31/2016	MSD		IM	LA RA LT RT	
	VFC P	IPV (inactivated polio vaccine)	Z23 90713	VFC-\$ 20.99 P \$ 63.00	11/8/2011	AVP		IM/ SQ	LA RA LT RT	
	P	Japanese Encephalitis	Z23 90738	P - \$ 292.00	1/24/2014	NOV		IM	LA RA LT RT	
	VFC P	MENB (Meningococcal) Serogroup B	Z23 90620	VFC - \$ 20.99 P - \$ 203.00	8/14/2015	GSK		IM	LA RA LT RT	
	VFC P	MMR (Measles - Mumps - Rubella)	Z23 90707	VFC-P \$ 20.99 P - \$ 98.00	4/20/2012	MSD		SQ	LA RA LT RT	
	VFC P	MMRV (ProQuad)	Z23 90710	VFC-\$ 20.99 P - \$ 224.00	5/21/2010	GSK		SQ	LA RA LT RT	
	VFC P	MCV-4 (Meningococcal Conjugate)	Z23 90734	VFC-\$ 20.99 P - \$ 152.00	3/31/2016	AVP		IM	LA RA LT RT	
	VFC P	PCV-13 (Pneumococcal Conjugate)	Z23 90670	VFC-\$ 20.99 P - \$ 202.00	11/5/2015	WAL		IM	LA RA LT RT	
	VFC P	PPV23 (Pneumococcal Polysaccharide)	Z23 90732	VFC-\$ 20.99 P \$ 128.00	4/24/2015	MSD		IM	LA RA LT RT	
	VFC P	Rotavirus - Rotarix (2 doses)	Z23 90681 90474	VFC - \$ 20.99 P - \$ 148.00	4/15/2015	GSK		PO	PO	
	VFC P	Rotavirus - Rotateq (3 doses)	Z23 90680 90474	VFC - \$ 20.99 P - \$ 114.00	4/15/2015	MSD		PO	PO	
	VFC P	Td (tetanus-diphtheria)	Z23 90714	VFC - \$ 20.99 P - \$ 54.00	2/24/2015	AVP MBL		IM	LA RA LT RT	
	VFC P	Tdap (tetanus-diphtheria-pertussis)	Z23 90715	VFC - \$ 20.99 P - \$ 65.00	2/24/2015	AVP GSK		IM	LA RA LT RT	
	VFC P	Twinrix (Hep A & B)	Z23 90636	P - \$ 132.00	10/25/2011 2/2/2012	GSK		IM	LA RA LT RT	
	P	Typhoid	Z23 90691	P - \$ 116.00	5/29/2012	AVP		IM	LA RA LT RT	
	VFC P	Varicella (chickenpox)	Z23 90716	VFC - \$ 20.99 P - \$ 146.00	3/13/2008	MSD		SQ	LA RA LT RT	
	P	Yellow Fever	Z23 90717	P - \$ 178.00	3/30/2011	AVP		SQ	LA RA LT RT	
	P	Zostavax (Shingles)	Z23 90736	P - \$ 232.00	10/6/2009	MSD		SQ	LA RA LT RT	

<input type="checkbox"/> Superbill Given	Total Charges: _____	Amount Paid: _____	Date: _____
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R/D - R= Recommended Vaccines D= Vaccine Declined by Patient
 Vaccine Source - VFC = VFC Eligible P= Privately Purchased
 Route - IM= Intramuscular, SQ=Subcutaneous, PO= Oral
 Manu factor (MFR) - AVP-Sanofi Pasteur (Aventis), GSK-GlaxoSmithKline, MBL-Massachusetts Biological, MSD-Merck & Co, NOV=Novartis, WAL-Wyeth
 Exemption or Contraindication - MED=Medical, REG=Religious, PHIL=Philosophical, MOR=Moral, HOD=History of Disease (Indicate date of exemption or Contraindication of disease)