

# VACCINE ADMINISTRATION FORM

**Answer a few short questions so we can make sure that the vaccine can be given today**

**Client Consent (or Parent/Guardian Consent for clients age 17 & under) – read and sign/date below.**

I was given an explanation about the diseases and vaccines. I had the opportunity to ask questions that were answered to my satisfaction and/or received a Vaccine Information Sheet. I understand the benefits and risks of the vaccine(s) and ask that the vaccine(s) be given to me or the person named above for whom I am authorized to make this request. I hereby consent that the Local Health Department (LHD), or designee, from whom I received the vaccination, can bill my insurance, if applicable. I understand I am financially responsible for any fees not covered by my insurance company. I authorize the release of this record to the Ohio Department of Health Immunization Program. I hereby acknowledge receipt of the LHD Notice of Health Information Privacy Practice and give permission to release my immunization record to my doctor or agency/school. If indicated on this form, I authorize the LHD or designee to charge my account. For clients age 17 and under, parent and/or guardian consents to allow client to receive vaccine without parent and/or guardian present.

SIGN Name: **X**

Date:

INSURANCE —(complete insurance info below)		SELF-PAY
Medicare (Traditional Part B) ID# _____		<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> _____ <hr/> Amount: _____ Receipt # _____ Received By: _____
Medicare HMO (ie Anthem Medicare Advantage, Secure Horizons Medicare Advantage) Name of Plan: _____ ID# _____		
Private Insurance Company Name _____ Member ID# _____ Group: _____ Plan: _____ Policy Holder Name & Date of Birth: _____ / ____ / ____ Relationship to Policy Holder _____		
Medicaid (ie, Traditional Medicaid, CareSource, Molina, Buckeye Health Plan, Paramount Advantage, United Healthcare Community Plan) Name of Plan: _____ ID# _____		

**Clinic site: Darke County General Health District**

VIS: ☐ Flu 01/31/25

Regional Form Revised: 09/12/2025

**Vaccine Administered Information:** Injection Route: S=Subcutaneous,(not to be used for influenza) or I=Intramuscular

[illegible]