

Which Vaccines Do I Need Today?

Hepatitis A vaccine (check all that apply)

- I want to be vaccinated to avoid getting hepatitis A and spreading it to others.
- I might have been exposed to hepatitis A virus within the past 2 weeks.
- I received 1 dose of hepatitis A vaccine in the past, but I have not received the second dose (or I don't remember if I have).
- I have not received hepatitis A vaccine in the past (or I don't remember if I have) and at least one of the following applies to me:
 - I travel (or plan to travel) in countries where hepatitis A is common.
 - I have (or will have) contact with a child within 60 days of the child's adoption from a country where hepatitis A is common.
 - I am a man who has sex with men.
 - I use street drugs.
 - I have chronic liver disease.
 - I have a blood clotting factor disorder.
 - I work with hepatitis A virus in a research laboratory or with primates infected with hepatitis A virus.

Hepatitis B vaccine (check all that apply)

- I want to be vaccinated to avoid getting hepatitis B and spreading it to others.
- I am age 18 or younger and I have not begun or completed the series of hepatitis B shots (or I don't remember if I have).
- I have received at least one dose of hepatitis B in the past, but I have not completed the series of hepatitis B shots (or I don't remember if I have).
- I have not received or completed the series of hepatitis B shots (or I don't remember if I have) and at least one of the following applies to me:
 - I am sexually active and I am not in a long-term, mutually monogamous relationship.
 - I am a man who has sex with men.
 - I am an immigrant (or my parents are immigrants) from an area of the world where hepatitis B is common (so I need testing and may need vaccination.)
 - I live with or have sex with a person infected with hepatitis B.
 - I have been diagnosed with a sexually transmitted disease (STD).
 - I have been diagnosed with HIV.
 - I inject street drugs.
 - I have chronic liver disease.
 - I am or will be on kidney dialysis.
 - I am younger than age 60 years and have diabetes and/or receive assisted glucose monitoring.
 - I am a healthcare or public safety worker who is exposed to blood or other body fluids.
 - I provide direct services to people with developmental disabilities.
 - I am planning on traveling outside the U.S.

AGENCY NAME

Statement of Permission and Assignment: Hepatitis A and/or B Vaccination

Name: _____
Last First Middle

Gender: (circle) Male Female Date of Birth: _____ Social Security Number _____

Address: _____
Number and Street

City: _____ State: _____ Zip Code: _____

Phone: Home _____ Work/Other _____ Primary Language: (circle) English Spanish Other

Race: (circle) White Hispanic African American Asian Native American Other

Insurance Information

Medicaid Medicaid ID# _____

Medicare Medicare Claim #: _____

No Insurance

Private Insurance Name of Insurance Company: _____

Policy # (or Subscriber ID#): _____

Group/Plan Name: _____ Group #: _____

Pre-Vaccination Evaluation

I have read and understand the information provided to me about receiving vaccines for Hepatitis A and/or B (Current VIS forms) and have had the opportunity to ask questions. I understand that if I have had a life-threatening reaction to a previous Hepatitis A or B vaccine or a severe allergy to components of the vaccine that I may not need to receive this vaccine.

Allergies: (please list) _____

Signature: _____ Date: _____

Signed Patient Consent

By Signing Below: I hereby acknowledge a copy of this agency's "Notice of Privacy Practices" was available for me to read and or receive a copy. I authorize (AGENCY NAME) to submit a claim on my behalf (if applicable) to Medicare, Medicaid, and/or private insurance or other third party payor. I also authorize release of any information necessary in processing my claim. I request payment be made to (AGENCY NAME) on my behalf.

Signature: _____ Date: _____

FOR AGENCY USE ONLY

- List name of Vaccine Hep A (State) and Lot Number
- List name of Vaccine Hep A (Private) and Lot Number
- List Name of Vaccine Hep B (State) and Lot Number
- List Name of Vaccine Hep B (Private) and Lot Number

Risk Factors Identified: YES NO

Date: _____

Given By: _____

Administration Site:

- Left Deltoid Right Deltoid

Diagnosis Code: FILL IN CODE

Dosage and CPT Codes: 1.0 mL Enter CPT Code Here

1.0 mL Enter CPT Code Here

- Entered in NCIR Entered in EMR