



Wayne County Health Department

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www.wchdil.com

ADULT VACCINE ADMINISTRATION INFORMATION

INFORMATION ABOUT PERSON TO RECEIVE VACCINE (PLEASE PRINT)

NAME:

ADDRESS:

CITY:

STATE:

ZIP:

DATE OF BIRTH:

AGE:

MALE / FEMALE

CELL PHONE #:

HOME / ALTERNATE PHONE #:

PHYSICIAN:

RACE: (Circle one)

American Indian/Alaska Native, Asian, African-American, Hispanic/Latino,
Native Hawaiian/Other Pacific Islander, White, Other Race or Unknown

ETHNICITY: (Circle one)

Hispanic/Latino
Not Hispanic/Latino
Unknown

VACCINE TO BE GIVEN:

Flu Brand: Lot#: VIS:	Flu HD Brand: Lot#: VIS:	HEP A Brand: Lot#: VIS:	HEP B Brand: Lot#: VIS:	HPV Brand: Lot#: VIS:	Meningitis Brand: Lot#: VIS:
Meningitis B Brand: Lot#: VIS:	MMR Brand: Lot#: VIS:	Prevnar 13 Brand: Lot#: VIS:	Pnu 23 Brand: Lot#: VIS:	Shingrix Brand: Lot#: VIS:	Td Brand: Lot#: VIS:
Tdap Brand: Lot#: VIS:	Twinrix Brand: Lot#: VIS:	Typhoid Brand: Lot#: VIS:	Varicella Brand: Lot#: VIS:	Yellow Fever Brand: Lot#: VIS:	Other Inj: Type: Lot#: Exp:

PLEASE ANSWER THE QUESTIONS ON THE REVERSE SIDE

Please note: The CDC recommends that you wait 15 minutes after receiving any immunizations. If you experience any problems, please notify a staff member immediately.