## CAVALIER COUNTY HEALTH DISTRICT SCHOOL RESPIRATORY VACCINE ADMINSTRATION RECORD 901 3rd St, Suite 11, Langdon, ND 58249 Phone: (701)256-2402 Fax: (701)256-5765 Tax ID Number: 45-0427926 NPI Number: 1174566335

	Name (Last, First	, Middle Initial):			Date	of Birth:	Age:	Male	Female	
Address (Street or P.O. Box):						State:	Zip Code:	Phone Number:		
Grade:	rade: Teacher:			* ND Medicaid Number		<u> </u>	*Insurance Polic	y Number:	lumber:	
lame of	Policy Holder:		Date of Birth	1:	Address if diffe	erent from cli	ent's address:	Relations	ship to Client	
		ACK	NOWLEDGEM		ORIZATION & A		OF BENEFITS	<b>I</b>		
cknowle	adae that I have he	en provided with	Cavalier Count		ead and sign I		ces. I understand I ma	av reguest an add	ditional conv o	
otice at fu	uture contacts with	Cavalier County	Public Health.	•		·		•	.,	
							) has been provided. lestions, and all ques			
lieve tha	at I understand the	benefits and risks	s of the vaccine	e(s) cited and	l ask that the vac	ccine(s) listed	below be given to me	e or to the person	named above	
	n authorized to ma		r information no	acceptus to n	racca this alaim	o If I am the C	lient, or an individual	Llogally obligated	to now for mo	
vices p	rovided to the Cli	ent or a Guaranto	or of payment,	I agree to p	oay and I am fin	nancially respo	onsible for Cavalier (	County Health Dis	strict's establi	
	rovided to the Clier trict of all benefits			yer. I assign	and authorize a	ny third party	payer/insurer to mak	e direct payment t	to Cavalier Co	
	vaccine clinic			V	Vhich vaccir	ne(s) are	□ Influenza (inje	ectable)		
	ngdon Element		int atteria :		ou consenti		□ Influenza (nas			
□ Lar	ngdon High Scl				ne client to i		□ COVID-19			
					ic chefft to	eceive:				
	nich School	a a l			ic cheffe to	icceive:				
□ St.	Alphonsus Sch				ic cheff to	ICCCIVC:				
□ St. <mark>o you</mark>	Alphonsus Sch wish to be p	resent for	□ Yes □ N	lo	ic cheff to	eceive:				
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**Printed Signature and Relationship to Client:** 

## \*\*\*Office Use Only\*\*\*

MGF (Circle) Sanofi

GSK

Admin Site<sup>2</sup> Vaccine Administrator

VIS Date 8/6/21

8/6/21 1/31/25

Route

IM

IM

Vaccine(s) To Be Given

DTaP

DTaP-IPV

DTaP/Hib/IPV	IM	8/6/21 8/6/21 1/31/25	Sanofi				
DTaP/IPV/Hib/HepB	IM	8/6/21 1/31/25 8/6/21	MSP (Merck & Sanofi)				
Hep A (Pediatric 12mo-18yr)	IM	1/31/25 1/31/25	GSK				
Hep A (Adult 19yr+)	IM	1/31/25	GSK				
Hep B (Pediatric 0-19yr)	IM	1/31/25	GSK				
Hep B (Adult 20yr+)	IM	1/31/25	GSK				
Hib	IM	8/6/21	Sanofi				
HPV-9	IM	8/6/21	Merck				
IPV	IM/SQ	1/31/25	Sanofi				
MMR	SQ	1/31/25	Merck				
MCV4 (Meningococcal ACWY)	IM	1/31/25	Sanofi				
MenB	IM	1/31/25	GSK				
PCV20 Pneumococcal (conjugate)	IM	5/29/25	Pfizer				
Rotavirus	PO	10/15/21	Merck				
RSV (Respiratory Syncytial Virus) Adult	IM	1/31/25	Pfizer				
RSV (Respiratory Syncytial Virus) Infant Beyfortus	IM	9/25/23	Sanofi				
Tdap	IM	1/31/25	GSK				
Varicella (Chickenpox)	SQ	1/31/25	Merck				
Zoster (Recombinant) Shingles	IM	2/4/22	GSK				
Influenza - Inactivated (IIV)	IM	1/31/25	GSK Sanofi Seqirus				
Influenza - Live, Intranasal (LAIV)	IN	1/31/25	AstraZeneca				
COVID-19	IM	1/31/25 EUA for Ped	Moderna Pfizer				
Assessment/Teaching:							
<del></del>		Nurse's S	ignature				Date
COMMENTS: (Include exemptions, contrain	ndications,	informed re	efusals, and "	Contact" vaccination	n informa	tion)	