

# NURSING HOME IMMUNIZATION REPORTING FORM

**Note: Nursing home facilities with access to WebIZ should enter the administered influenza and pneumococcal vaccines in WebIZ. Those forms do NOT have to be sent to ADH. Retain a copy per the Nursing Home policy.**

Clinic Code for Providers

   

Nursing Home Clinic Code if ADH administers

     

Date Vaccine Administered

  /   /    

**Patient should be screened for contraindications prior to receiving any influenza or pneumococcal vaccine.**

[Screening Checklist for Contraindications to Inactivated Injectable Influenza Vaccination \(immunize.org\)](https://www.immunize.org/screening-checklist-contraindications-inactivated-injectable-influenza-vaccination)

[Screening Checklist for Contraindications to Vaccines for Adults \(immunize.org\)](https://www.immunize.org/screening-checklist-contraindications-vaccines-adults)

**1. Patient Information: Last Name (apellido) \_\_\_\_\_ First Name (nombre) \_\_\_\_\_ MI \_\_\_\_\_**

**Gender (género):**  Male  Female

**Date of Birth (fecha de nacimiento):**   /   /

**Race: (raza)**  Asian/PacificIslander  Black/AfricanAmerican  NativeAmerican/AlaskanNative  White  Other

**Ethnicity: (origen étnico)**  Hispanic  Non-Hispanic

**Address: (dirección) (Omit address and phone number if nursing home resident)**

                    

**Apt. No. (número de apartamento)**

    

**City (ciudad)**

                    

**State (estado)**

 

**Zip Code (código postal)**

     

**Phone Number (teléfono)**

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## 2. Insurance Status

- Only Uninsured Nursing Home residents should receive the influenza and pneumococcal vaccines supplied by the Arkansas Department of Health (ADH). Only uninsured Nursing Home employees should receive the influenza vaccine supplied by the ADH.

## 3. Release and Assignment (Publicar y Asignar)

- I have read or had explained to me the Vaccine Information Statement (VIS) for the Inactivated Influenza Vaccine and for the Pneumococcal (PCV20) Vaccine as applicable and I understand the risks and benefits. To read the current VIS for each vaccine, visit the website <https://www.cdc.gov/vaccines/hcp/vis/current-vis.html>.
- I give consent to the State/Local Health Department or Nursing Home Facility and its staff for the individual named at the top of this form to be vaccinated with any of these vaccines.
- I hereby acknowledge that I have reviewed a copy of the Privacy Notice from the Arkansas Department of Health. (If ADH administers the vaccines)
- I understand that information about these vaccines will be included in the Arkansas Department of Health's Immunization Registry.

Signature of Patient/Guardian for **seasonal influenza** (Firma): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Patient/Guardian for **Pneumococcal (PCV20) vaccine** (Firma): \_\_\_\_\_ Date: \_\_\_\_\_

**MFG Codes:** PFR = Pfizer, SEQ = Seqirus, SKB = GlaxoSmithKline, PMC = Sanofi, MED = Medimmune, Merck = MSD

**Site Codes:** Right Deltoid = RD, Left Deltoid = LD, Right Arm = RA, Left Arm = RA, Right Leg = RL, Left Leg = LL

## Seasonal Influenza (Preservative Free ≥ 6 months)

Seasonal Flu Vaccine	Route	Site Code	Dosage mL	MFG Code	Lot Number	Signature /Title of Vaccine Administrator
	IM		0.5			

**Pneumococcal (PCV20) NH residents ≥ 65 years** who have not previously received any pneumococcal vaccine or whose previous vaccination history is unknown

Pneumococcal Vaccine	Route	Site Code	Dosage mL	MFG Code	Lot Number	Signature /Title of Vaccine Administrator
	IM		0.5			

ARKANSAS DEPARTMENT OF HEALTH

NHImm (Revised 07/2024)

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