

might be eligible for the Vaccine for Children (VFC) program.

Does your child have CoverKids or any type of private medical insurance? If yes, please complete the insurance information below :

Name of Insurance Plan _____

Does insurance cover vaccines? YES NO

Policy Number: _____

Group Number: _____

Name of policyholder _____

Member ID: _____

Address To File Claims: _____
(from back of card)

Birth Date of policy holder: _____

Does your child have TennCare? If yes, circle the health plan and provide ID number:

BlueCare/TennCare Select United Health Care/Americhoice Amerigroup

TennCare ID# _____

Is your child uninsured? YES NO

Is your child an American Indian or Alaska Native? YES NO

Nursing Immunization Documentation

AREA FOR OFFICIAL USE ONLY

VFC Eligible: YES NO

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#1 **Manufacturer:** Sanofi Seqirus GSK Other _____

VIS Date: ____/____/____

Site administered: Right Deltoid Left Deltoid

Lot number: _____

Signature _____
Signature above indicates immunization given according to PHN Protocol

Date Given: _____

Provider Number: _____

#2 **Manufacturer:** Sanofi Seqirus GSK Other

VIS Date ____/____/____

Site administered: Right Deltoid Left Deltoid

Lot number: _____

Signature _____
Signature above indicates immunization given according to PHN Protocol

Date Given: _____

Provider Number: _____