

**MCIR Scan Form (SF6)**

**Mail to:**

*Please print clearly in capital letters and use black ink.*

Last

First

Date of Birth (MM-DD-YYYY)  -  -  County of Residence (MI Only)  (Numeric Code)  Sex:  Male  Female

Street

City  State/Prov

ZIP Code  Country

Phone (  )  -

**VACCINES ADMINISTERED**

*Enter date of immunization encounter (MM-DD-YYYY). Select vaccine administered by darkening the circle in front of vaccine name or entering a specific vaccine code. Enter manufacturer and lot number information as appropriate.*

Encounter date/  
Date VIS Given:  -  -

**Seasonal Influenza**      Manufacturer:      Vaccine Eligibility      Lot Number

Inactivated                 

Live (Flu Mist)                 

**Pneumococcal**      Manufacturer:      Vaccine Eligibility      Lot Number

PPV23                 

**Other Vaccine Code**      Manufacturer:      Vaccine Eligibility      Lot Number

                

**ALL HAZARD EVENT ADMINISTRATION**

**Antiviral Code**      **Target Group**      **Funding Source**      **Lot Number**

                

**H1N1 Vaccine Code**      **Target Group**      **Funding Source**      **Lot Number**

                

**Provider ID**

