SEMC – INFLUENZA VACCINE ADMINISTRATION RECORD 2023-2024 Information about the person to receive vaccine. Please Print

Last Name First Name						
Address City		State	_ Zip			
Date of Birth Age Phone Nu	mber:					
Family Physician:	Nurse Initials					
Allergies	Primary Clinic:					
Please Answer the Following Questions1. Are you 65 years or older?	Yes 🗆	No 🗖				
Patients 65 years and older will receive Fluzone High I	Dose					
2. Are you allergic to eggs or egg products?	Yes 🗖	No 🗖				
3. Are you allergic to Thimerosal (a preservative)?	Yes 🗖	No 🗖				
3. Have you ever had Guillain-Barre Syndrome?	Yes 🗖	No 🗖				
4. Have you been ill or had a fever within the last 48 hours?	Yes 🗖	No 🗖				
5. Have you had the flu shot before?	Yes 🗖	No 🗖				
If yes, did you have any reaction to the flu vaccine?	Yes 🗖	No 🗖				
B. If yes, what were the symptoms?						
C. Symptoms occurred how many years ago?						
7. If female, are you pregnant?	Yes 🗖	No 🗖				
8. If you are 50-64 years old Flublok is the recommended vac	ccine.					
Do you accept the FLUBLOK recommendation	Yes □	No 🗖				

If you have had recent chemotherapy, radiation therapy, or steroids (except inhaled), these conditions may decrease the effectiveness of the vaccine. However, unless you physician has told you different, flu vaccination is still encouraged.

I have read or have had explained to me the Vaccine Information Statement about influenza and influenza vaccine. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of influenza vaccine and ask that the vaccine be given to me.

Sleepy Eye Medical Center will keep this record.

Signature:	Date:	

Administrative Use Only:						
Date Administere	d/VIS given:	<u> </u>	Date of VIS:8/6/2021			
Lot#:	Mfg: CSL MED SKB NOV PMC PSC	90682:	Fluzone High Dose greater than 65 years (PMC) FluBlok 18 years and older Fluarix-Quad 6 months and older (GSK) Flu Mist age 2-49 (MED)			
Route:	Site:	Name and title of vacc	ine administrator:			