

**SEMC – INFLUENZA VACCINE ADMINISTRATION RECORD 2024-2025**

**Information about the person to receive vaccine. Please Print**

Last Name _____	First Name _____	MI _____
Address _____	City _____	State _____ Zip _____
Date of Birth _____	Age _____	Phone Number: _____
Family Physician: _____		Nurse Initials _____
Allergies _____	Primary Clinic: _____	

***Please Answer the Following Questions***

1. Are you 65 years or older or an organ transplant recipient?      Yes       No   
*Patients 65 years and older will receive Fluzone High 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 vaccine.  
     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 Administered/VIS given: ____/____/____	Date of VIS: 8/6/2021	
Lot#:	Mfg: CSL MED SKB NOV PMC PSC	CPT code: 90662: Fluzone High Dose greater than 65 years (PMC) 90673: FluBlok 18 years and older 90656: Fluarix-Trivalent 6 months and older (GSK) 90660: Flu Mist age 2-49 (MED)  Other:
Route:	Site:	Name and title of vaccine administrator: