

**SEMC – INFLUENZA VACCINE ADMINISTRATION RECORD 2025-2026****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 your 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: 1/31/2025

Lot#:	Mfg:	CPT code:
	CSL MED SKB NOV PMC PSC	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:

