SEMC – INFLUENZA VACCINE ADMINISTRATION RECORD 2026-2027

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? Yes ☐ No ☐

Patients 65 years and older will receive Fluad

2. Are you an organ transplant recipient? Yes ☐ No ☐

Patients 18-64 years will receive Fluad

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: _____

<table>
<tr><td colspan="3">Administrative Use Only:</td></tr>
<tr><td colspan="2">Date Administered/VIS given: _____/_____/_____</td><td>Date of VIS: 1/31/2025</td></tr>
<tr><td>Lot#:</td><td>Mfg:
CSL MED
SKB NOV
PMC PSC</td><td>CPT code:
90653: Fluad
90673: FluBlok 18 years and older
90656: Fluarix-Trivalent 6 months and older (GSK)
90660: Flu Mist age 2-49 (MED)
Other:</td></tr>
<tr><td>Route:</td><td>Site:</td><td>Name and title of vaccine administrator:</td></tr>
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