



400 S. McCaslin Blvd. Ste 200
Louisville, CO 80027
(720) 222-0648 Phone
(720) 222-0654 Fax

Influenza Vaccination Administration Record 2020-21

Name: _____ DOB: _____

Please answer the following questions (YES or NO)

Medicare?

Have you had a flu shot before?

Have you had an adverse reaction requiring medical attention to any vaccine in the past?

Are you allergic to thimerosal (preservative sometimes found in eye drops)?

Are you allergic to latex?

Are you allergic to eggs or egg protein?

Do you have a fever or are you feeling severely ill today?

Do you have a history of Guillain-Barre Syndrome?

Initial Below:

I have read the Vaccine Information Statement (VIS) for the 2020-2021 influenza season _____

I had an opportunity to ask questions and for my questions to be answered. _____

I agree to receive the influenza vaccine _____

Patient Signature: _____

Date: _____

For Clinic Use Only**

CPT code 90674 Dose: 0.5cc Route: IM Injection site: Deltoid R L

Seqirus Quadrivalent **High dose** FLUAD

NDC: 70461.120.03

Lot #: 279781

Exp: 5/12/21

Signature of administrator

Date: _____