



Influenza Vaccination Administration Record 2021-2022

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 2021-2022 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**

NDC#70461-321-03 CPT: 90674

Dose: .5cc Injection Site: Deltoid IM L R

FLUCELVAX QUADRIVALENT

Manufacturer: **SEQIRUS**

Lot: **308432** Expiration: **06/03/2022**

Signature of person administering and vaccine Date