

INFLUENZA VACCINE ADMINISTRATION RECORD FOR ADULT RECIPIENT

The doctor or clinic may keep this record in your medical file or your child's medical file. They will record what vaccine was given, when the vaccine was given, the name of the company that made the vaccine, the vaccine's special lot number, the signature and title of the person who gave the vaccine, and the address where the vaccine was given.

"I have read or have had explained to me the informational sheet about the influenza and the 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 or to the person named below for whom I am authorized to make this request."

***PLEASE PRINT**

Name: _____			Sex: (circle one) Male Female		
Last	First	M.I.			
Date of Birth: ____/____/____	Age: _____	Phone Number: () -	Doctor's Name: _____		
Address: _____					
Street		City	County	State	Zip
First Time Receiving Vaccine? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is the recipient pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Allergy to Eggs? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever been diagnosed with diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Signature of person to receive vaccine or authorized to make the request: X _____ (Recipient or Parent/Legal Guardian)			Date: ____/____/____		

Please Note: In the event of non-payment by Medicare or Medicaid, client served or guardian will be held responsible for the payment and will receive such statement/invoice.

Initials: _____

Medicare Recipients, please include:

MediCARE Card #: _____

Medicaid Recipients/AllKids, please include:

Recipient #: _____

For Clinic Use Only

Clinic or Office Address: LCDPH HOPE OTHER _____

Date Vaccine Administered: ____/____/____

Vaccine Manufacturer:

Vaccine Lot Number:

Site of Injection: R Arm L Arm R Leg L Leg

Signature and Title of Vaccine Administrator: _____

