

Ledge Light Health District Seasonal Influenza Vaccine Administration Record (2020)

Please Print:

Last Name _____ First Name _____ M.I. _____

Address: _____
Street
Town
State
Zip Code

Phone _____ Date of Birth _____ Age _____ Sex: Male Female

Have you ever had a flu shot before? Yes ___ No ___

Check vaccine receiving: ___ Injectable (shot) or ___ Flumist (nasal spray age 2-49 years only)

Please Answer The Following Questions:

- Yes No Is person sick or does person have a fever?
- Yes No Has person ever had a serious reaction to a flu shot?
- Yes No Serious allergies to eggs, gelatin, thimerosal (a preservative), gentamicin or arginine?
- Yes No Has person ever had Guillain-Barré Syndrome ((a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine?

Flu Mist (nasal spray) Must Be Between 18 years and 49 years:

- Yes No Have you received any vaccines (MMR, Varicella) in the past 4 weeks?
- Yes No Do you have long-term health conditions (asthma, heart disease, diabetes, HIV/AIDS)?
- Yes No Are you pregnant?
- Yes No Do you have a weakened immune system or live with someone who does?
- Yes No Are you without a spleen or have a non-functioning one?
- Yes No Do you have an active leak between the cerebrospinal fluid and the mouth, nose, ear, or other place within the skull?
- Yes No Do you have cochlear implants?
- Yes No Have you taken flu antiviral drugs within the past 48 hours?

I have read or had explained to me the information sheet (VIS 8/15/19) about seasonal influenza and the influenza vaccine. I have had a chance to ask questions and I understand the benefits and risks of the influenza vaccine. I request that the vaccine be given to me or to the person named above for whom I am authorized to make this request.

For participants who are minors (less than 18 years of age): I attest that I am the legal guardian of this minor and I have authority to provide consent for this vaccination.

Signature _____ **Print Name** _____ **Date** _____

For Clinic Use:
Dose: 0.5 ml injectable Vaccine Manufacturer & Lot #: Sanofi Fluzone Quad UJ476AA EXP.6/30/21
Site: RD LD
 Flu Mist 0.2ml Vaccine Manufacturer & Lot #: Medimmune Flu Mist MH2203 EXP. 12/29/20

Administered by: _____ Date: 10/25/20