INFLUENZA VACCINE ADMINISTRATION RECORD OF PARENT/GUARDIAN OR RECIPIENT SIGNATURE

I have been given a copy of and have read or had explained to me the information in the Influenza Vaccine Information Sheet 2020-2021.

I have had a chance to ask questions that were answered to my satisfaction. I believe that I understand the benefits and risks of the 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.

NAME:					
(Last)	(First)	(Middle)			
DATE OF BIRTH:	AGE:				
COMPLETE					
ADDRESS:					
COUNTY OF RESIDENCY:		PHO	NE:		
SIGNATURE OF PERSON TO RECEIN	/E VACCINE OR PERS	ON AUTH	ORIZEI	O TO MAKE REQU	JEST:
x			Date	•	
	CREENING QUESTION				
1. Are you sick today?		Yes	No	Don't Know	
2. Are you allergic to eggs or					
Neomycin and have you had Guillain-Barre syndrome?		Yes	No	Don't Know	
·					
3. Have you ever had a serious reafter receiving a vaccination?	action	Yes	No	Don't Know	
	FOR CLINIC USE OF	<u>NLY</u>			
Clinic Name: <u>Decatur County Depa</u>	rtment of Health				
Manufacturer: <u>GSK</u>	Lot: <u>9A235</u>		EXPIRES: <u>6-30-21</u>		
Date Vaccinated:	Site of Injection	on: <u>LD</u>		RD	<u>IM</u>
Given by:					