

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 2016-2017.

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: _____

ADDRESS: _____

COUNTY OF RESIDENCE: _____

Signature of person to receive vaccine or person authorized to make request:

X _____ DATE: _____

SCREENING QUESTIONNAIRE

- | | | | |
|---|-----|----|------------|
| 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 reaction after receiving a vaccination? | Yes | No | Don't Know |

FOR CLINIC USE ONLY

Clinic Name: Decatur County Department of Health

Manufacturer: GSK Lot: TL54R EXP: 06-12-18

Date Vaccinated: _____ Site of Injection: LD RD "IM"

Given by: _____ Title: RN