

**SEASONAL FLU VACCINE ADMINISTRATION RECORD
ADULTS (19 YEARS & OLDER) 2020-2021**

For Office Use Only
<input type="checkbox"/> Billing Done
<input type="checkbox"/> Ciis Entered
<input type="checkbox"/> Bill Other _____
<input type="checkbox"/> Trade Done

Name: **LAST** **FIRST** **Middle initial** **Birth Date** **AGE**

Street or PO Box City State ZIP PHONE

Type of Payment: Cash Check Credit Card Bill Insurance

Insurance Policy Holder Name _____

Insurance Policy Holder Date of Birth _____

“I have read or have had explained to me the information in the SEASONAL flu vaccine information sheet given to me about SEASONAL influenza and its vaccine. I have had an opportunity to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of SEASONAL influenza vaccine and ask that the SEASONAL flu vaccine be given to me or to the person named above for whom I am authorized to make this request.”

X _____
Signature of person to receive SEASONAL flu vaccine or person authorized to sign.

Medicare Part B _____ CO Medicaid State ID _____ Seasonal flu Vaccine \$25.

SCREENING QUESTIONS	NO	YES
1) Do you have a life-threatening allergy to eggs?		
2) Have you ever had a severe reaction to a previous flu shot?		
3) Have you ever been diagnosed with Guillian-Barre' Syndrome? (A paralyzing illness?)		
4) Are you moderately or severely ill today? (If you are on antibiotics but feeling well, check NO)		
5) Are you pregnant?		

<p>For Office Use:</p> <p>Location: Gunnison Fairgrounds or Crested Butte Community School</p> <p>Dose: 0.5 mL IM VIS 8/15/19</p> <p>Vaccine Lot: #1 #2</p> <p>Site: LD RD Other: _____</p> <p>Signature of SEASONAL flu Vaccine Administrator: _____</p> <p>Date SEASONAL flu vaccine given: 10/6/20 10/7/20 Other: _____</p>
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