Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Patients date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patients name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last Name First name

Is the patient at least 6 months of age? \_\_\_\_\_

“I have read or have had explained to me information about the indicated vaccine. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of the vaccine and ask the indicated vaccine be given to me or the named person whom I am authorized to make the request.”

Is the patient currently ill or had a fever within the last 48 hours? \_\_\_\_\_

Has the patient had any adverse reactions to vaccines? \_\_\_\_\_

Has the patient had Guillain-Syndrome? \_\_\_\_\_

Is the patient allergic to eggs? \_\_\_\_\_

**Office use only**: Patients temperature: \_\_\_\_\_\_\_\_\_\_\_\_

Vaccine lot/exp Site given: Signature of vaccine admin: Signature of **Parent**/Patient:

 LA RA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 LL RL

 **SEASONAL INFLUENZA VACCINE 2022/2023 – INJECTABLE – 0.5ml**