6-35 months old 🞎

Place Label Here

K-12 🞎

Shot (36 mos. +) 🞎

High Dose (65+) 🞎

**\*For Office Use Only\***

**QUEEN ANNE’S COUNTY DEPARTMENT OF HEALTH**

**FLU VACCINE ADMINISTRATION RECORD**

“I have read or have had explained to me the information in the Vaccine Information Statement (VIS). 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 that the vaccine be given to me or to the person named below for whom I am authorized to make this request.”

| **INFORMATION ABOUT PERSON TO RECEIVE VACCINE (PLEASE PRINT IN BLUE OR BLACK INK)** | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NAME: LAST | | | FIRST | | | | | | M.I. |
| STREET ADDRESS: | | CITY | | | | COUNTY | STATE | | ZIP |
| PHONE | INSURANCE (Circle One)  PUBLIC PRIVATE NONE | | | | MARITAL STATUS | | | GENDER  M or F | |
| DATE OF BIRTH | AGE | RACE | | SCHOOL (if applicable) | | | | GRADE (if applicable) | |

|  |
| --- |
| **SIGNATURE OF PERSON TO RECEIVE VACCINE OR PERSON AUTHORIZED TO MAKE REQUEST AND**  **ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICE (NPP) FORM:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **X**  **DATE** |
| **(If vaccine recipient is under 18 years of age, fill out the shaded section below)** |
| **Parent or Guardian Name: Last First Middle Initial Maiden** |

|  |  |  |
| --- | --- | --- |
| Please check ***Yes*** or ***No*** to the following questions: | **Yes** | **No** |
| 1. Are you allergic to chicken eggs? Chicken feathers? Chicken dander? |  |  |
| 2. Are you allergic to Thimerosal (mercury derivative) preservative? |  |  |
| 3. Do you have a history of Guillain-Barré Syndrome? |  |  |
| 4. Have you ever had a reaction to ANY VACCINE? |  |  |
| 5. Do you have a fever or other illness today? |  |  |

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

| **\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*FOR CLINIC/OFFICE USE ONLY\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*** | | |
| --- | --- | --- |
| Queen Anne’s County Department of Health  206 North Commerce Street  Centreville, MD 21617 | | |
| ALTERNATE SITE: |  | |
| DATE OF VIS: | | 8/06/2021 |
| VACCINE GIVEN: | | Influenza Vaccine (circle one)  High –Dose / 0.5ml / 0.25ml |
| DATE ADMINISTERED: | |  |
| MANUFACTURER: | | SANOFI/GSK |
| LOT NUMBER &  EXPIRATION DATES: | | Lot #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Exp. date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| SITE OF ADMINISTRATION: | | Circle one: Deltoid / Thigh  Circle one: R / L  Route: IM / SQ |
| VACCINE ADMINISTRATOR:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature/Title | | |

Revised 09/14/2021