INFLUENZA VACCINE ADMINISTRATION RECORD & CONSENT

Adults 19 and older

Information about person to receive vaccine PLEASE PRINT:

_____	_____	_____/_____/_____
Last Name	First Name	**DATE OF BIRTH**
_____	_____	_____
Address	Apt/Suite	Age
_____	_____ _____	(_____) _____-_____
City	State Zip	Area Code & Phone Number

1.	Does person to be vaccinated have an allergy to eggs?	Yes	No
2.	Does the person to be vaccinated have an allergy to Gentamycin, latex, gelatin or thimerosal?	Yes	No
3.	Has the person to be vaccinated ever had a serious reaction to an influenza vaccine?	Yes	No
4.	Has the person to be vaccinated ever had Guillain-Barré Syndrome?	Yes	No
5.	Does the person to be vaccinated have a seizure disorder?	Yes	No
6.	Has the person to be vaccinated had asthma, wheezing or taken medicine for asthma (including inhalers) **in the past year**?	Yes	No
7.	Has the person to be vaccinated ever had a health problem with lung disease, heart disease, kidney disease, metabolic disease (e.g. diabetes), a blood disorder or is currently receiving aspirin therapy?	Yes	No
8.	Does the person to be vaccinated have cancer, leukemia, AIDS or any other immune system problem?	Yes	No
9.	Has the person to be vaccinated taken cortisone, prednisone, other steroids, or anticancer drugs, or had radiation treatments (does not include x-rays) **in the past three (3) months**?	Yes	No
10.	Has the person to be vaccinated received a transfusion of blood or blood products or been given a medicine called immune (gamma) globulin **in the past year**?	Yes	No
11.	Is the person to be vaccinated pregnant or is there a chance she could become pregnant **during the next month**?	Yes	No
12.	Has the person to be vaccinated received a Measles Mumps Rubella (MMR), Varicella (chickenpox), Yellow Fever or FluMist vaccine **in the past four (4) weeks**?	Yes	No
13.	Does the person to be vaccinated have close contact with anyone who has a weakened immune system who is in the hospital **in a protective environment** (e.g. an individual who has had a bone marrow transplant)? Please describe: _____	Yes	No

Please turn over →