

2011-12 SPLIT INFLUENZA VIRUS VACCINE, TRIVALENT, TYPES A AND B

- | | YES | NO |
|--|-------|-------|
| 1. Are you sick today? | _____ | _____ |
| 2. Have you had a serious reaction to previous vaccinations? | _____ | _____ |
| 3. Are you allergic to Eggs, Latex, Thimerosal or Gelatin? | _____ | _____ |
| 4. Have you ever had Guillain-Barre' Syndrome? | _____ | _____ |

If you checked YES to any of the above questions 1-4, the Nurse will further review your ability to receive your flu shot today.

Nurse's Notes _____

↓ FILL IN BOX BELOW ↓

"I have read or have had explained to me the information in the vaccine information statement (VIS) about influenza and influenza vaccine. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of 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."

Marquette County Health Department has made their Privacy Act practices available to me. *(Initial here)* _____

Please Print Clearly

Last Name	First	M.I.	Birth Date	Age
Address		City, State	Zip Code	County
Signature		/ /	Date	Phone Number

By signing, you are giving permission to receive the vaccine and for us to bill insurance for same.

- Cash []
- Medicaid []
- Medicare []
- VFC Eligible []
- Health Dept []
Employee
- Courthouse Employee []

(Place insurance card here and copy)

FOR CLINIC/OFFICE USE

Clinic/Office Address Marquette County Health Department

Date Vaccine Administered: _____

Vaccine Manufacturer: Sanofi Pasteur

Vaccine Lot Number: _____

Site of Injection: L R Deltoid Gluteal

Signature of Vaccine Administrator: _____

Title of Vaccine Administrator: RN LPN