



SIoux CENTER / HULL MEDICAL CLINICS
INFLUENZA IMMUNIZATION RECORD 2008-2009

For Office Use Only:
IRIS
Acct #
High Risk Dx: Y N

Name (Please print) Date of Birth

Address SSN

City State Zip Phone

MEDICAL INFORMATION:

- 1. Do you have a history of allergy to eggs or egg products? Yes No
2. Do you feel sick today or are you running a fever? Yes No
3. Have you ever had a serious reaction to the flu vaccine? Yes No Never Had
4. Do you have an allergy to Mercury or Thimerosal? (preservative found in contact lens solution) Yes No
5. Have you ever had Guillain-Barre Syndrome? Yes No
6. Do you have a latex allergy? Yes No

POSSIBLE SIDE EFFECTS:

Immediate:

- a. Red, raised area at the site of injection lasting 1 to 2 days.
b. Respiratory distress could occur when an individual is allergic to eggs.

Short-term:

- a. Fever, weakness, and/or aches. Will most likely start 6 to 12 hours after receiving the vaccine and persist for 1 to 2 days. This can occur when the body is developing immunity.

Long-term:

- a. No proven association with Guillain-Barre Syndrome with flu vaccine.

Flu Vaccine Authorization & HIPAA Acknowledgement

I have been provided a copy of and/or have read or have had explained to me, information about an Influenza Vaccine 2008-09 Fact Sheet. I have had a chance to ask questions that were answered to my satisfaction.

I hereby request that an influenza vaccination as developed for the 2008-09 season be administered to me. All viruses in the vaccine are killed so you cannot get influenza from the vaccine. I understand that there is a possibility of an allergic or more serious reaction, or even death could occur with the flu shot.

A Notice of Privacy has been made available for me to review.

Signature of person to receive vaccine/guardian if minor/person authorized to make the request:

X Date

For Office Use Only

Clinic Site:
S.Center
Hull

Site of Administration:
L or R Deltoid
L or R Thigh

Self Pay:
Check #
Cash \$

Please Place Influenza Vaccine Label Here

Card Scans:
Medicare/MADV
Insurance
Medicaid

Vaccine Given:
Fluzone: Peds Dosage 6-35 mos (0.25ml)
Fluzone: 3 yrs - Adult Dosage (0.5ml)
Pneumococcal Vaccine

Please Place Pneumococcal Vaccine Label Here

Immunizer Signature Date of Administration