



SEASONAL INFLUENZA VACCINE 2020-2021

Injectable Vaccine
 Seasonal Influenza Screening Checklist/Administration/Consent Record

PLEASE PRINT

LAST	FIRST	INITIAL	BIRTHDATE	AGE
ADDRESS		CITY	STATE	ZIP

1. Is the person to be vaccinated sick today? Yes or No
2. Does the person to be vaccinated have an allergy to eggs or to a component of the vaccine? Yes or No
3. Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past? Yes or No
4. Has the person to be vaccinated ever had Guillain-Barre Syndrome? Yes or No
5. Are you pregnant or think you may be pregnant? Yes or No

Consent Record

"I have read or have had explained to me the information about the Seasonal Influenza vaccine. I have had a chance to ask questions that were answered to my satisfaction. I understand the benefits and risks of the Seasonal Influenza vaccine and ask that the vaccine be given to me."

SLV Health Infection Control will keep this record. SLV Health will record what vaccine was given, when the vaccine was given, the vaccine brand, the lot number, site of administration and the signature and title of the person who gave the vaccine.

X _____ DATE: _____
Signature of person to receive Vaccine/Parent or Guardian

XXXXXXXXXXXXXXXXXXXXXXXXXXXX **FOR OFFICE USE ONLY** XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 SAN LUIS VALLEY HEALTH, 106 BLANCA AVE, ALAMOSA, CO 81101
SEASONAL INFLUENZA

DATE VACCINE ADMINISTERED: _____

MANUFACTURER: _____

Lot Number _____ EXP. DATE: _____

SITE: _____



SIGNATURE OF VACCINE ADMINISTRATOR: _____

VIS given to patient:	YES	NO	Date VIS published: 8/15/2019
VFC Eligible:	YES	NO	
Documented in EHR	YES	NO	