

# IN CAR: \_\_\_\_\_ IN: \_\_\_\_\_ OUT: \_\_\_\_\_

**Ledge Light Health District  
Seasonal Influenza Vaccine Administration Record (2016)  
DRIVE-THRU TO BEAT THE FLU**

**Please Print:**

Last Name _____		First Name _____		M.I. _____	
Address: _____		_____	_____	_____	_____
Street		Town		State	Zip Code
Phone _____	Date of Birth _____	Age _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Have you ever had a flu shot before? No Yes When? _____					
How did you hear about Drive-Thru to Beat the Flu? _____					

**Please Answer The Following Questions:**

- |                              |                             |  |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Is person sick or does person have a fever?  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Has person ever had a serious reaction to a flu shot?                                |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Any allergies to eggs, gelatin, thimerosal (a preservative), gentamicin or arginine? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Has person ever had Guillain-Barré Syndrome?   |

*I have read or had explained to me the information sheet (VIS 8/7/15) about seasonal influenza and the influenza vaccine. I have had a chance to ask questions and I understand the benefits and risks of the influenza vaccine. I request that the vaccine be given to me or to the person named above for whom I am authorized to make this request. I authorize the release of any medical or other information necessary to process an insurance claim.*

**For participants who are minors (less than 18 years of age): I attest that I am the legal guardian of this minor and I have authority to provide consent for this vaccination.**

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

**For Clinic Use:**

Dose:  0.5 ml injectable Vaccine Manufacturer & Lot #: Seqirus Fluvirin #1619901 Expiration: 5/2017

Site:  RD  LD Administered by: \_\_\_\_\_ Date: \_\_\_\_\_