

**SEASONAL FLU VACCINE ADMINISTRATION RECORD  
CHILD (6 MONTHS THRU 18 YEARS) 2018-2019**

For Office Use Only
<input type="checkbox"/> Billing Done
<input type="checkbox"/> Ciiis Entered
<input type="checkbox"/> Bill Other _____
<input type="checkbox"/> Trade Done

Child's Last Name, First Middle initial                      Birth date      Age (yrs. or mos.)

Address \_\_\_\_\_ Phone \_\_\_\_\_

Parent Name \_\_\_\_\_ Child had shots at PH before? Yes \_\_\_ No \_\_\_

Type of Payment:  Cash  Check  Credit Card  Bill Insurance

Insurance Policy Holder Name \_\_\_\_\_

Insurance Policy Holder Date of Birth \_\_\_\_\_

Child's Medicaid State ID# \_\_\_\_\_ No Insurance \_\_\_\_\_

**"I have read or have had explained to me the information in the SEASONAL flu vaccine information sheet given to me about SEASONAL influenza and its vaccine. I have had an opportunity to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of SEASONAL influenza vaccine and ask that the SEASONAL flu vaccine be given to me or to the person named above for whom I am authorized to make this request."**

**PARENT SIGNATURE:** \_\_\_\_\_

SCREENING QUESTIONS	NO	YES
1) Do you have a life-threatening allergy to eggs?		
2) Have you ever had a severe reaction to a previous flu shot?		
3) Have you ever been diagnosed with Guillian-Barre' Syndrome? (A paralyzing illness?)		
4) Are you moderately or severely ill today? (If you are on antibiotics but feeling well, check NO)		
5) Are you pregnant?		

SHOT	
Child's age: <input type="checkbox"/> 6 mos-35 mos (0.25 cc)	Child's age: <input type="checkbox"/> 3-18 yrs (0.5 cc)

For Clinic Use Only: <i>VIS: inactivated SEASONAL flu 08/07/15 given</i>
Vaccine: <input type="checkbox"/> 1/4 cc Fluzone (pink) Lot: #1 #2 #3 #4 #5 #6 #7 #8 #9 #10
<input type="checkbox"/> 1/2 cc Fluzone (blue) Lot: #1 #2 #3 #4 #5 #6 #7 #8 #9 #10
SITE                      RT LT RD LD
Signature of Vaccinator: _____
Date SEASONAL FLU VACCINE given: 10/18/18 _____ 10/25/18 _____
clinic site: GCPH/CB/SS/P/LR/SSH/Tdft