

- 6-35 months old
- K-12
- Shot (36 mos. +)
- High Dose (65+)

For Office Use Only

Place Label Here

QUEEN ANNE'S COUNTY DEPARTMENT OF HEALTH FLU VACCINE ADMINISTRATION RECORD

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

INFORMATION ABOUT PERSON TO RECEIVE VACCINE (PLEASE PRINT IN BLUE OR BLACK INK)				
NAME: LAST	FIRST		M.I.	
STREET ADDRESS:	CITY	COUNTY	STATE	ZIP
PHONE	SOCIAL SECURITY# (Optional)	MARITAL STATUS		GENDER M or F
DATE OF BIRTH	AGE	RACE	SCHOOL (if applicable)	GRADE (if applicable)

SIGNATURE OF PERSON TO RECEIVE VACCINE OR PERSON AUTHORIZED TO MAKE REQUEST AND ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICE (NPP) FORM:

X _____ DATE _____

(If vaccine recipient is under 18 years of age, fill out the shaded section below)

Parent or Guardian Name: Last	First	Middle Initial	Maiden
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Please check <i>Yes</i> or <i>No</i> to the following questions:	Yes	No
1. Are you allergic to chicken eggs? Chicken feathers? Chicken dander?		
2. Are you allergic to Thimerosal (mercury derivative) preservative?		
3. Do you have a history of Guillain-Barré Syndrome?		
4. Have you ever had a reaction to ANY VACCINE?		
5. Do you have a fever or other illness today?		

Name: _____

DOB: _____

*****FOR CLINIC/OFFICE USE ONLY*****

Queen Anne's County Department of Health
206 North Commerce Street
Centreville, MD 21617

ALTERNATE SITE:

DATE OF VIS:

8/15/2019

VACCINE GIVEN:

Influenza Vaccine (circle one)
High -Dose / 0.5ml / 0.25ml

DATE ADMINISTERED:

MANUFACTURER:

SANOFI/GSK

LOT NUMBER &
EXPIRATION DATES:

Lot #: _____

Exp. date: _____

SITE OF
ADMINISTRATION:

Circle one: Deltoid / Thigh

Circle one: R / L

Route: IM / SQ

VACCINE ADMINISTRATOR:

Signature/Title