

2020-2021 Influenza Vaccine Flu Clinic Administration Record

PLEASE PRINT		
Patient's Last Name	Patient's First Name	
Patient's Age	Patient's Date of Birth	Is the patient a: <input type="checkbox"/> Current PMC Patient <input type="checkbox"/> Non-PMC Patient
Print Guardian's Name (if applicable)		Guardian's Signature _____ Date _____

PLEASE ANSWER THESE QUESTIONS for the patient receiving flu vaccine today:	YES	NO
1. Are you sick today?		
2. Are you allergic to eggs or to a component of the vaccine?		
3. Have you ever had a serious medical or allergic reaction to a flu vaccination?		
4. Do you have a history of Guillain-Barré syndrome?		

FOR PMC FLU CLINIC USE

PMC Supplied Vaccines	VFC Supplied Vaccines
<input type="checkbox"/> Fluarix / FluLaval 0.5 mL single dose, (19yrs and older)	<input type="checkbox"/> Fluzone / FluLaval 0.5 mL single dose, (6mos-18yrs)
<input type="checkbox"/> Fluzone High-Dose 0.7 mL single dose, (65yrs and older)	<input type="checkbox"/> Fluzone MDV , multi-dose vial, 0.5 mL dose, (3-18 years & non-pregnant)
<input type="checkbox"/> Flublock 0.5 mL single dose, (19yrs and older & allergy to eggs)	<input type="checkbox"/> Flucelvax 0.5ml single dose, (4yrs-18yrs)
	<input type="checkbox"/> Flumist 0.2 ml, single dose (2yrs-18 years & healthy)

Lot Number/Exp date:
Place Syringe Label Here
IM Injection Site:
Deltoid: <input type="checkbox"/> Left / <input type="checkbox"/> Right
Anterolateral Thigh: <input type="checkbox"/> Left / <input type="checkbox"/> Right

Print Name & Title of Vaccine Administrator: _____	Date Administered: _____
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Uninsured (self-pay) patients will be responsible for payment at the time of service.

Payment Information: CREDIT / DEBIT CARD

\$23.44 for children ages 6 months–18 years / **\$50** for ages 19-64 years / **\$80** for ages 65 and older

Received By: _____

Patient Name:
DOB:
MRN:
Clinic Location:

**Not part of the patient's permanent record. Once vaccine information is entered into EPIC, send forms to CBS via interoffice mail (red envelope). CBS can retain forms for 3 months for billing and insurance purposes.*