

OSF ST. JOSEPH MEDICAL CENTER
 BLOOMINGTON, IL
INFLUENZA VACCINE ADMINISTRATION RECORD

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

Yes _____	No _____
_____	_____

1. Are you ill or do you have a fever?

2. Have you ever had a serious reaction to the flu vaccine in the past?

Information about person to receive vaccine: (Please print legibly)				
Employer Name:				
Name: Last	First	Middle	Birth date:	Age:
Address: Street	City:		State:	Zip:
SS# or last 4 digits		Telephone Number:		
Signature of person to receive vaccine:				
X _____			Date: _____	

FOR OFFICE USE ONLY

Date Vaccine Administered: _____

Vaccine Manufacturer: _____

Vaccine Lot Number: _____

Site of Injection: _____

Signature of Administrator: _____