

Fluzone

Recorded in WIR: _____

Adult Consent
INFLUENZA VACCINE ADMINISTRATION RECORD
2020-2021 FLU SEASON

The Greendale Health Department will record the information on this form in the Wisconsin Immunization Registry (WIR) and keep this paper record in a secure place.

I have been given a copy and have read, or have had explained to me, the information about 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 the vaccine requested and ask that the vaccine be given to me or to the person named below for whom I am authorized to make this request.

NAME: _____
Last First M.I. Date of Birth Age
ADDRESS: _____ Apt/Unit No. _____
VILLAGE/CITY: _____ STATE: _____ ZIP: _____
TELEPHONE NUMBER: _____ WEIGHT: _____
SIGNATURE: _____ Date: _____
(Signature of parent, guardian, POA or adult receiving vaccine.)

FOR CLINIC STAFF USE ONLY

VACCINE	ADMIN. SITE	MFG.	LOT NO.
Influenza-IM	LD RD	Sanofi Pasteur	UT7007NA

ADMINISTERED BY:
Greendale Health Department
5650 Parking St.
Greendale, WI 53129 414-423-2110

DATE ADMINISTERED: _____

Vaccine Administrator's SIGNATURE: _____



Circle Vaccine Administered

Fluzone

0.5 mL

THIS PAGE TO BE COMPLETED BY SCREENERS

ALL CLIENTS MUST BE ASKED THE FOLLOWING 4 QUESTIONS:

		YES	NO
1.	Is the person to be vaccinated sick today with a temperature $\geq 100.4^{\circ}$ F?	_____	_____
2.	Has the person to be vaccinated ever had an allergic reaction to any (live or inactivated) influenza vaccine?	_____	_____
3.	Allergic reaction to gelatin or eggs?	_____	_____
4.	Has the person to be vaccinated ever had Guillain-Barre syndrome within 6 weeks after receiving a flu vaccine?	_____	_____

SCREENER'S SIGNATURE: _____

INFLUENZA VIS DATED 8/15/19 given _____(Screener's Initials)