

**COMMUNITY HEALTH** 

## Vaccine Administration Form ☑ Influenza Vaccine Pneumococcal Vaccine

AND WELL-BEING			
Last Name/Print First Name/Print	MI	Date of	

Last Name/Print	First Name/Print	MI	Date of Birth	Age	Race White Black Hispanic Other
Address	City	State	Zip		Phone

- I am allergic to eggs, egg products, gelatin or Thimerosol YES or NO
- **YES or NO** I am allergic to latex or latex products
- YES or NO I have had a serious allergic/life threatening reaction following the flu vaccine
- YES or NO I have a history of Guillain-Barre syndrome or neurological disorder

## **CONSENT**

I have read or have had explained to me the information on the Vaccine Information Statement (VIS) about the Inactivated Influenza Vaccine. I have had a chance to ask questions and they were answered to my satisfaction. I understand the risks and benefits of the Inactivated Influenza Vaccine. I have received a VIS. I am aware this vaccine contains both seasonal influenza and H1N1.

Signature of person to receive vaccin Or other person authorized to sign	ne	Date		
Influenza Vaccine		Pneumococcal Vaccine		
Seqirus Pty Ltd	P10024210			
Manufacturer	Lot No.	Manufacturer	Lot No.	
30 June 2021				
Expiration Date	Site	<i>Expiration Date</i>	Site	
Signature of Nurse:		Signature of Nurse:		
Date Administered/VIS given:		Date Administered/VIS given:		