Emergency Medical Services

INJECTABLE INFLUENZA VACCINE ADMINISTRATION RECORD

The Emergency Medical Services agency will keep a copy of this record in their office. They will record what vaccine was given, when the vaccine was given, the name of the company that made the vaccine, the vaccine's special lot number and the signature and title of the person who gave the vaccine.

I have read and received a copy of the Vaccine Information Statement (VIS) [dated 8/11/09—Seasonal Influenza or 10/2/09—H1N1] about the Influenza Vaccine. I have had an opportunity to ask questions and understand the risks and benefits of the Influenza Vaccine. I request that the vaccine be given to me according to the recommended guidelines.

PRECAUTIONS: TO THE BEST OF YOUR KNOWLEDGE:	**Yes**	**No**
Have you ever had a serious allergic reaction to a previous dose of the Influenza vaccine?		
Have you ever had a severe allergic reaction to eggs or egg products?		
Have you ever had a severe allergic reaction to thimerosal (a preservative), gentamicin, polymyxin, neomycin (antibiotics), gelatin, or latex?		
Do you have a fever greater than 101.5 or an acute illness more severe than a common cold or mild vomiting/diarrhea today?		
Do you have a past history of Guillian-Barre syndrome?		
Do you have an active neurologic disorder?		

INFORMATION ABOUT PERSON TO RECEIVE VACCINE *(PLEASE PRINT):*	
Name: Last First	Date of Birth:
Telephone number you can be reached at:	Dept/Location:

Signature of person to receive vaccine: _____Date_____

If person named above is less than 18 years old:
I give consent for my child named above to be vaccinated with this vaccine.

Signature of Parent/Legal Guardian_____Date_____

========== **FOR EMS AGENCY USE** ==========

EMERGENCY MEDICAL SERVICES			
Date Vaccinated:	Manufacturer: ☐ ☐	Lot #:	
Site of Injection: R / L Deltoid, or R / L Vastus Lateralis (Lateral Thigh)	Name and Title of Vaccinator Printed:		Vaccinator signature: