INFLUENZA VACCINE 2024-2025

Circle One: Faculty/Staff Student Visitor

Information about the person to receive the vaccine (Print in blue or black ink)

<table>
<thead>
<tr>
<th>Name: Last, First, MI</th>
<th>Date of Birth:</th>
<th>Age:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>University ID #</th>
<th>Telephone:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address (Street):</th>
<th>City:</th>
<th>State:</th>
<th>Zip code:</th>
</tr>
</thead>
</table>

Signature of person to receive the vaccine or person authorized to make the request. (Parent or guardian if under 18 years of age.)

X __________________________ Date: __________________________

Please answer the following questions, explain if the answer is “Yes”

1. Are you sick today, or have a fever?
   - NO □ YES □ __________________________________________

2. Have you ever felt dizzy or faint before, during or after a shot?
   - NO □ YES □ __________________________________________

3. Do you have allergies to medications, food, eggs/egg products, a vaccine component, latex, or Thimerosal (preservative)?
   - NO □ YES □ __________________________________________

4. Have you ever had a serious reaction after receiving a vaccine?
   - NO □ YES □ __________________________________________

5. Have you ever had Guillain-Barre Syndrome?
   - NO □ YES □ __________________________________________

6. Have you had any disorder in the last month that caused brain or nerve damage such as stroke or convulsion?
   - NO □ YES □ __________________________________________

7. Is there a possibility of pregnancy?
   - NO □ YES □ __________________________________________

8. Have you already received a flu vaccine this flu season (October – May)?
   - NO □ YES □ __________________________________________

9. Are you anxious about getting a shot today?
   - NO □ YES □ __________________________________________

Administration Site (Circle one): Left Arm Right Arm

<table>
<thead>
<tr>
<th>Vaccine (Circle one):</th>
<th>Fluarix</th>
<th>High Dose FLuzone</th>
<th>Flublok</th>
</tr>
</thead>
</table>

Lot#: ______________________________________

Exp. Date: ______________________________________

Revised 06.2024