



# INFLUENZA VACCINE 2025-2026



Circle One:

Faculty/Staff

Student

Visitor

|   |              |                       |                  |
|---|--------------|-----------------------|------------------|
| <b>Information about the person to receive the vaccine</b> <i>(Print in blue or black ink)</i>  |              |                       |                  |
| <b>Name: Last, First, MI</b>  |              | <b>Date of Birth:</b> | <b>Age:</b>      |
| <b>University ID #</b>  |              | <b>Telephone:</b>     |                  |
| <b>Address (Street):</b>  | <b>City:</b> | <b>State:</b>         | <b>Zip code:</b> |
| Signature of person to receive the vaccine or person authorized to make the request.<br><i>(Parent or guardian if under 18 years of age.)</i> |              |                       |                  |
| 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 ☐ \_\_\_\_\_

6. Have you ever had a serious reaction after receiving a vaccine?

NO ☐ YES ☐ \_\_\_\_\_

7. Have you ever had Guillain-Barre Syndrome?

NO ☐ YES ☐ \_\_\_\_\_

8. Have you had any disorder in the last month that caused brain or nerve damage such as stroke or convulsion?

NO ☐ YES ☐ \_\_\_\_\_

9. Is there a possibility of pregnancy?

NO ☐ YES ☐ \_\_\_\_\_

10. Have you already received a flu vaccine this flu season (October – May)?

NO ☐ YES ☐ \_\_\_\_\_

11. Are you anxious about getting a shot today?

NO ☐ YES ☐ \_\_\_\_\_

Administration Site (Circle one):

Left Arm

Right Arm

Vaccine (Circle one):

Fluarix

High Dose FLuzone

Flublok

Lot#: \_\_\_\_\_

Exp. Date: \_\_\_\_\_