

## INFLUENZA VACCINE 2021-2022

Circle One: Faculty/Staff                      Student                      Visitor

Information about the person to receive the vaccine <i>(Print in blue or black ink)</i>			
Name: Last, First, MI		Date of Birth	Age
University ID #		Telephone	
Address: Street	City	State	Zip code
Signature of person to receive the vaccine or person authorized to make the request. <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?

NO  YES

2. Do you have a fever?

NO  YES

3. Are you allergic to eggs or egg products?

NO  YES

4. Are you allergic to any medications or Thimerosal (preservative)?

NO  YES

5. Are you sensitive to/allergic to latex?

No  Yes

\_\_\_\_\_

6. Have you ever had an adverse vaccine reaction?

No  Yes

\_\_\_\_\_

7. Have you ever had Guillain-Barre Syndrome?

No  Yes

\_\_\_\_\_

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

No  Yes

\_\_\_\_\_

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9. Is there a possibility of pregnancy?

No  Yes

\_\_\_\_\_  
\_\_\_\_\_

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

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