

# INFLUENZA VACCINE 2018-2019

**Circle One:** Faculty/Staff Student Visitor

**Please answer the following questions. Explain if answer is "Yes"**

**Explanation**

- |  |  |       |
|--|--|-------|
| 1. Are you sick today?   | No <input type="checkbox"/> Yes <input type="checkbox"/> | _____ |
| 2. Do you have a fever?  | No <input type="checkbox"/> Yes <input type="checkbox"/> | _____ |
| 3. Are you allergic to eggs or egg products?   | No <input type="checkbox"/> Yes <input type="checkbox"/> | _____ |
| 4. Are you allergic to any medications or Thimerosal (preservative)?   | No <input type="checkbox"/> Yes <input type="checkbox"/> | _____ |
| 5. Are you sensitive to/allergic to latex?   | No <input type="checkbox"/> Yes <input type="checkbox"/> | _____ |
| 6. Have you ever had an adverse vaccine reaction?  | No <input type="checkbox"/> Yes <input type="checkbox"/> | _____ |
| 7. Have you ever had Guillain-Barre Syndrome?  | No <input type="checkbox"/> Yes <input type="checkbox"/> | _____ |
| 8. Have you had a disorder in the last month that caused brain or nerve damage such as stroke or convulsion? | No <input type="checkbox"/> Yes <input type="checkbox"/> | _____ |
| 9. Is there a possibility of pregnancy?  | No <input type="checkbox"/> Yes <input type="checkbox"/> | _____ |

<b>Information about the person to receive the vaccine</b> <i>(Print in blue or black ink.)</i>				
Name: Last, First, MI			Date of Birth	Age
University ID#			Telephone#	
Address: Street	City	County	State	Zip Code
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 _____	

For Office Use Only

Date Vaccine Administered: \_\_\_\_\_ Clinic: University Health Center, University of Maryland  
 Vaccine Manufacturer: GSK Vaccine Lot Number: EXP: Injector Site: **L R** deltoid  
 Vaccine Manufacturer: SANOFI Vaccine Lot Number: EXP:  
 Vaccine Manufacturer: GSK or SANOFI Vaccine Lot Number: \_\_\_\_\_ EXP: \_\_\_\_\_  
 Vaccine Administrator Signature: \_\_\_\_\_ RN \_\_\_\_\_