

2021-2022 Seasonal Flu Vaccine Registration (18 and older)

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| --- | --- | --- | --- |
| **Last Name** | **First Name** | | **Middle Name** |
| **Date of Birth**    Month Day Year | **Age** | **Phone Number** | |
| **Net ID (if applicable)** |

**Do you feel sick or have a fever today?**  Yes No

**Are you allergic to anything in the vaccine?**  Yes No

**Have you ever had Guillain-Barré syndrome?**  Yes No

**Have you ever had a serious reaction to any vaccine?** Yes No

**Do you need proof of having a flu shot?** Yes No

Please be advised: If you are a clinician with privileges at YNHH, your influenza vaccination information may be shared with YNHH for regulatory compliance.

**Do not write below this line**

Influenza Vaccine: Fluzone Quadrivalent 0.5cc IM Exp. Date: 6/30/2022

Manufacturer: Sanofi Pasteur Lot #:

Administration Site: L. Deltoid R. Deltoid

Nurse Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Administered: \_\_\_\_\_\_\_\_\_\_