

2021-2022 Pediatric Flu Vaccine Registration (6 mo-18 yrs.)

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| --- | --- | --- | --- |
| **Last Name** | **First Name** | | **Middle Name** |
| **Date of Birth**    Month Day Year | **Age** | **Phone Number** | |

**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

**Do not write below this line**

Manufacturer: GSK Influenza Vaccine: Flulaval

**6 months thru 18 years 0.5cc** IM ❒ Lot #:  Exp. Date: 6/30/2022

Administration Site: L. Deltoid R. Deltoid L. Quadricep R. Quadricep

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