INFLUENZA VACCINE ADMINISTRATION RECORD OF PARENT/GUARDIAN OR RECIPIENT SIGNATURE

I have been given a copy of and have read or had explained to me the information in the Influenza Vaccine Information Sheet 2016-2017.

I have had a chance to ask questions that were answered to my satisfaction. I believe that I understand the benefits and risks of the influenza vaccine, and ask that the vaccine be given to me or to the person named below for whom I am authorized to make this request.

NAME:			
(Last) (First)			
DATE OF BIDDE			(Middle)
DATE OF BIRTH:	AG	· 141	
ADDRESS:		·	
ADDRESS:			
			
COUNTY OF RESIDENCE:			
to make request:	or pe	rson a	uthorized
X	DATE.		
SCREENING QUESTIONNAI	RE		
1. Are you sick today?	Yes	No	Don't Know
2. Are you allergic to eggs or			
Guillain-Barre syndrome?			Don't
	Yes	No	Know
after receiving a vaccination?	Yes	No	Don't
		МО	Know
FOR CLINIC USE ONLY			
linic Name: Decatur County Department of			•
Department of	Heal	th	
Manufacturer: GSK Lot: TL54R	FIRE		
ate Vaccimated	EXP:	06-12-	18
ate Vaccinated: Site of Injectiven by:	tion.	TD -	
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