Van Wert County Health Department
1179 Westwood Dr., Ste. 300 Van Wert, OH 45891 (419)238-0808

INFLUENZA VACCINE ADMINISTRATION RECORD

Name (Last, First, Middle) PLEASE PRINT		Date of Birth / /	Age	Sex (Circle) M F
Status: S M W D	Physician:			

Street	City, State, Zip Code	Phone
Insurance: YES NO **A copy of insurance card (front and back) is required at the time services are rendered.**	Name of Insurance Company: _____ Name of Policy Holder*:_____ Birthdate of Policy Holder*: _____/_____/_____ Insurance ID# _____ Group #_____	

1. Is the person to be vaccinated sick today? Yes No
2. Does the person to be vaccinated have an allergy to latex, or to a component of the vaccine (eggs, neomycin, thimerosal, gelatin)? Yes No
3. Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past? Yes No
4. Has the person to be vaccinated ever had Guillain-Barré syndrome? Yes No

CHECK ALL SYMPTOMS THAT APPLY BELOW:

__ Fever OVER 100.4 IN LAST 24 HOURS USING FEVER REDUCING DRUGS?
__ Subjective Fever (felt feverish)
__ Chills
__ Myalgia (muscle aches)
__ Rhinorrhea (runny nose)
__ Sore Throat
__ Cough (new onset or worsening of chronic cough)
__ Shortness of Breath
__ Nausea and/or Vomiting
__ Headache
__ Abdominal Pain
__ Diarrhea (3 or more loose/looser than normal stools in less than 24hr period) __ New smell and taste disorders
__ Difficulty breathing
__ Conjunctivitis
__ Other: _____

Have you had known contact with a confirmed or probable case of COVID-19 in the last 14 days?
Y / N, if yes who? _____ Where did contact occur? _____

Patient travel history in the last 14 days prior outside of Ohio? Y/N NA

I have received a copy of the influenza information sheet. I understand the risks and benefits of the influenza vaccine and I request that the influenza vaccine be given to me.

Signature **Date**

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OFFICE ONLY

LOT #	**MFG**	**EXP DATE**	**Injection Site (Circle)**	**Date & Initials of Vaccinator**
REG:				
P334RL	GSK	06/30/2022	RD LD	**KS AH**
VFC:				**SB NK**
V24BM2	GSK	06/30/2022		**KW KS**
HD:				**CW** _____
	SANOFI	06/30/2022		DATE: 10/19/2021
Clinic Site: 71 or Other: **DRIVE THRU**				

Revised 09/07/2021

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