## FLU VACCINE ADMINISTRATION RECORD

## Complete sections 1 and 2 below as well as the questionnaire on the back – Please Print Clearly

1. Individual to be vaccinated:

	LAS	ST NAME		FIRST	NAME	MI		ne:			_
_							G 1				
D	ate of Birt	th:		A	ge:		Gender	: □ Female	$\square$ M	lale	
D	o you weiş	gh less than 1	130 pound	ds? □	l yes □	l no					
T	own of Re	sidence:									
M	Iailing Ad	dress:									_
		P.	O. Box o	R RR		Town		STATE	Z	ZIP	
						eathers or dand of severe aller			himeroso	al (a	
_							Date:				
	Signature of person receiving the vaccine or that person's parent/legal guardian if under 18										
I l ar or	CONSENT FOR CHILD'S VACCINATION:  I have read or had explained to me the 2020-2021 Influenza Vaccine Information Statement and understand the risk and benefits. I give consent for my child named on this form to get vaccinated with this vaccine and for clinic organizers to share this information with my child's primary care provider and school. Children under the age of 18 will not be vaccinated without this signed consent.										
	Child's Pediatrician/PCP: Child's School:										
C.	illiu s i cui	anician/i Ci .				Cł	ild's School	<b>:</b>			
C.	illia s i cai	atrician/1 Cr.				Cł	nild's School	<u>:</u>			
						Ch		:			
		l Guardian's				Cł					
Po	Parent/Lega	l Guardian's	Signature	2		Ch	Date:				
<i>Po</i> <b>2.</b> C	<i>Parent/Lega</i> Complete t	l Guardian's	Signature	covere	d by Med		Date: r other insu	rance and sig			
——————————————————————————————————————	Parent/Lega Complete t <b>Iedicare N</b>	l Guardian's his section i umber:	Signature f you are	covere	d by Med	icare Part B o	Date: r other insu: _ Part B?	rance and sig	gn again □ No	below.	
——————————————————————————————————————	Carent/Lega Complete t Medicare N Other Insur	d Guardian's his section i fumber:	Signature	covere	d by Med	icare Part B o  Policy Nu	Date: r other insu:_ Part B?	rance and sig	gn again □ No	below.	
——————————————————————————————————————	Carent/Legal Complete t  Medicare N Other Insur	d Guardian's his section i fumber:	Signature f you are agency ar	covere	d by Med	icare Part B o  Policy Nu	Date: r other insu:_ Part B?	rance and sig	gn again □ No	below.	
——————————————————————————————————————	Carent/Legal Complete t  Medicare N Other Insur	d Guardian's his section i fumber: cance:	Signature f you are agency ar	covere	d by Med	icare Part B o  Policy Nu	Date: r other insur _ Part B? nmber: nt of Public 1	rance and sig	gn again □ No	below.	
70 C M O I s	Carent/Legal Complete t  Medicare N Other Insur	d Guardian's his section i fumber: cance: ssion for this turance carrie	Signature f you are agency ar	covere	d by Med  Massachu influenza	icare Part B o  Policy Nusetts Departme vaccine.	Date: r other insur _ Part B? nmber: nt of Public l Date:	rance and sig	gn again □ No 	below.	
70 C M O I s	Carent/Legal Complete t  Iedicare N Other Insur give perminy other ins	d Guardian's his section i fumber: cance: ssion for this turance carrie	Signature f you are agency ar	covere	d by Med  Massachu influenza	icare Part B o  Policy Nu	Date: r other insur _ Part B? nmber: nt of Public l Date:	rance and sig	gn again □ No 	below.	
70 Po	Complete to dedicare Nother Insuration of the insuration of the control of the co	d Guardian's his section i fumber: cance: ssion for this turance carrie	Signature f you are agency ar r on my b	covere	d by Med  Massachu influenza	icare Part B o  Policy Nusetts Departme vaccine.	Date: r other insur _ Part B? nmber: nt of Public l Date:	rance and sig	gn again □ No 	below.	
70 Po	Complete to Medicare Nother Insuragive perminy other insuragive perminy other insuragive four Signature is Line for Type of	his section is tumber:ssion for this turance carried ure	Signature f you are agency ar r on my b	covere	d by Med  Massachu influenza	icare Part B o  Policy Nusetts Departme vaccine.	Date: r other insur _ Part B? nmber: nt of Public l Date: fonnaire of	rance and sig	gn again □ No 	below.	Or
$\overline{P}$ C M  O  I g  m $\overline{Y}$ c w thi	Complete to Medicare Nother Insuragive perminy other insuragive of the cour Signature of the course of the	his section is tumber:ssion for this turance carriedure	Signature f you are agency ar r on my b  Ple e Only	covere	d by Med  Massachu influenza  omplete  Site* RA- LA	Policy Notes the Questi	Date: r other insur _ Part B? nmber: nt of Public l Date: fonnaire of	rance and sig	gn again  □ No  Medicare	e Part B	
$\overline{P}$ C M  O  I g  m $\overline{Y}$ c w thi	Complete to Medicare Nother Insuragive perminy other insuragive perminy other insuragive four Signature is Line for Type of	his section is tumber:ssion for this turance carried ure	Signature f you are agency ar r on my b  Ple e Only	covere	d by Med  Massachu influenza  omplete  Site* RA -	Policy No setts Departme vaccine.  the Questi	Date: r other insur _ Part B? nmber: nt of Public l Date: fonnaire of	rance and sig	n again  □ No  Medicare	e Part B	Vacc Adn
Pow thicine	Complete to dedicare Nother Insurance of the Cour Signature of Vaccine	his section is fumber: ssion for this surance carrie are Table to the control of th	Signature f you are agency ar r on my b  Ple e Only  Dose	e covere	d by Med  Massachu influenza  omplete  Site* RA- LA	Policy Notes the Questi	Date: r other insur _ Part B? nmber: nt of Public l Date: fonnaire of	Tance and signary YES  Health to bill Mack  Informat  Date or VIS  8/6/21 – E1	n again  □ No  Medicare	nent Date Given	Vacc Adn

<sup>\*</sup> Site given: RA = Right Arm, LA = Left Arm, RT = Right Thigh, LT = Left Thigh.