

INFLUENZA

INFLUENZA VACCINE ADMINISTRATION REQUEST

"I have received the current Influenza Vaccine Information Statement (VIS), describing 'What you need to know' before you or your child gets the vaccine. I received the 20_____ - 20____ VIS [provider fill in VIS year]. I have read or have had explained to me the information in this VIS about influenza vaccine. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of influenza vaccine and ask that it be given to me or the person named below for whom I am authorized to make this request." Sign in the appropriate row below.

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Information about person to receive vaccine (please prin						For Clinic Use Only:
NAME: LAST FIRS	r Mide	DLE INITIAL	BIRTHD	DATE	AGE	CLINIC / OFFICE ADDRESS:
						DATE VACCINE ADMINISTERED:
			<u> </u>			VACCINE MANUFACTURER:
ADDRESS: STREET	CITY	COUNTY	STATE		ZIP	VACCINE LOT NUMBER:
			1 1			SITE OF INJECTION:
	1			1		SIGNATURE OF VACCINE ADMINISTRATOR:
SIGNATURE OF PERSON TO RECEIVE OR PERSON AUTHORIZED TO MAKE THE REQUEST:						x
						TITLE OF VACCINE ADMINISTRATOR:
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DOH 348-054 MSL Influenza (REV 10/5/07)