

Chart Number \_\_\_\_\_

Patient ID# \_\_\_\_\_

### Influenza Vaccine Administration Record

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

Information About the Person to Receive the Vaccine: *(Please print)*

Name: \_\_\_\_\_  
(Last) (First) (MI)

Address: \_\_\_\_\_  
(Street) (Home phone number)

\_\_\_\_\_  
(City) (State) (ZIP)

\_\_\_\_\_  
(Date of birth) (Social Security number)

Signature of the person to receive the vaccine or person authorized to make this request (parent or guardian):

Signature \_\_\_\_\_ Date \_\_\_\_\_ Time: \_\_\_\_\_

For Clinic/Office Use

Brand Name \_\_\_\_\_

Date vaccine administered: \_\_\_\_\_ Dosage: 0.5 ml. 0.25 ml.  
FluMist 0.2 ml.

Vaccine lot number: \_\_\_\_\_

Site of injection: *(circle one)* Right deltoid Right Vastus Lateralis Intranasal  
Left deltoid Left Vastus Lateralis

Signature of vaccine administrator: \_\_\_\_\_

Total charge: \_\_\_\_\_ Amount paid: \_\_\_\_\_  Cash  Check  Charge