

Inactivated Influenza Vaccine Worksheet

PLEASE WRITE LEGIBLY

541-913-2171

NAME & MRN OR ADDRESSOGRAPH

Emelia Flutto
1416-29-09

DO NOT SCAN IN MED RECORDS

☒ Please answer the following questions:

Current age: 30

- Are you sick today with a moderate or severe illness? (i.e. temperature greater than 100.4° F orally) ☐ Yes ☒ No
- Have you ever had a serious reaction to a prior dose of influenza (flu) vaccine? ☐ Yes ☒ No
- Have you ever had a serious reaction to eggs or other flu vaccine component? ☐ Yes ☒ No
- Have you experienced a nervous system disorder known as Guillain-Barre Syndrome within 6 weeks of receiving an influenza vaccine in the past? ☐ Yes ☒ No
- Have you or will you be receiving an allergy injection today? ☐ Yes ☒ No

STAFF USE ONLY:

If answered yes to any of the above questions, please reference the worksheet companion document.

VIS edition date: 8/6/2021

☒ Influenza – 0.5 mL IM (≥6 mos)

Date: 9/14/21 Site: ☐ LT Deltoid ☒ RT Deltoid
☐ LT Ant Thigh ☐ RT Ant Thigh

☐ High Dose Influenza – 0.7 mL IM (≥65 yrs)


Date: _____ Site: ☐ LT Deltoid ☐ RT Deltoid
☐ LT Ant Thigh ☐ RT Ant Thigh

VIS given: ☒ Yes ☐ No

Any contraindications: ☐ Yes ☒ No

If yes, approval to give per clinician/RN?: ☐ Yes ☐ No

Administration comments: _____

LOT: 52SA4 EXP: 06/30/22	
Vaccine: _____	
Manufacturer: _____	
Lot #: _____	
Expiration date: _____	0.5 mL
<p>COMPLETE INFO OR AFFIX PRE-PRINTED VACCINE LABEL</p>	

Elise Brant, RN

ADMINISTERED BY SIGNATURE/TITLE

B146727

KPHC USER ID