

Patient name: _____ Birth date _____ L# _____
 (Last) (First) (Middle Initial)

Insurance: Pacific Source Providence ODS Member ID #: _____

I am an enrollee of a Lane Community College employee group health plan. In understand that Lane Community College Health Clinic will bill my insurance as a courtesy. I authorize any unpaid balance to be charged to my Lane account.

Signature: _____

Seasonal Influenza Vaccine Administration Record

The following questions will help us determine if there is any reason we should not give you an influenza vaccination today. If you answer yes to any question, it does not necessarily mean you should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

	Yes	No	Don't Know
1. Are you feeling well today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have an allergy to eggs, Thimerosal, Mercury or Formaldehyde?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had a serious reaction to influenza vaccine in the past?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever had Guillain-Barré Syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I have read or had explained to me the information about influenza vaccine. I have had a chance to have questions answered to my satisfaction. I understand the benefits and risks of influenza vaccine and request the vaccine to be administered to me.

Patient Signature: _____ Date: _____

For Clinic use only Vaccine Lot#: AFLLA257AA Exp 6/10 -- VIS Date Aug. 11, 2009 Administration site: **[Left Delt] [Right Delt]**

Form reviewed/vaccine administered by: _____ Administration Date: _____