



Public Health
 Prevent Promote Protect
 Fairfield Department of Health

Flu Vaccine Administration Record

The doctor or clinic may keep this record in your medical file or your child's medical file. They will record what vaccine was given, when the vaccine was given, the name of the company that made the vaccine, the vaccine's special lot number, the signature and title of the person who gave the vaccine.

" I have read and have had explained to me the information in this pamphlet about influenza disease and the 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 and ask that the vaccine be given to me or the person named below for whom I am authorized to make this request."

Information about the person to receive vaccine(s)(Please print)

Name:	Last	First	Middle Initial	Birth Date	Age
Address:	Street	City	County	State	Zipcode
Sex:	M F	Social Security Number:		Phone Number:	
Signature of person to receive the vaccine or person authorized to make the request (parent/guardian/family member/friend):					
X _____				Date: _____	

Insurance/Finacial Information:

*Check Mark No Insurance:

Primary Insurance:	Name:	Number:
Secondary Insurance:	Name:	Number:
Tertiary Insurance:	Name:	Number:
*No Insurance/Underinsured (Please circle one and how paying below):		

Office Use Only

Date Vaccine Administered: _____

Vaccine Manufacturer/Lot #: _____

Site of Injection: _____

Signature/Title of Vaccine Administrator: _____

Clinic where Vaccine was given: _____