



LOCATION: _____

PATIENT # _____

THOMAS COUNTY HEALTH DEPARTMENT

2026-27 OFF-SITE **INACTIVE FLU** VACCINE ADMINISTRATION RECORD

I have read or have had read to me the VACCINE INFORMATION STATEMENT for the flu vaccine. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of the vaccine and ask that the vaccine listed below be given to me or to the person named below for whom I am authorized to make this request. I have completed and signed the Screening Questionnaire below for influenza vaccine. **I UNDERSTAND AND HAVE BEEN GIVEN A COPY OF THE NOTICE OF PRIVACY PRACTICES FOR THE _____ COUNTY HEALTH DEPARTMENT.**

I acknowledge I have been advised to remain in a designated area for at least 15 minutes after receiving the vaccine for observation of possible reaction. PLEASE INITIAL HERE: _____

For BCBS, UHC, CIGNA and AETNA/COVENTRY: We are now able to bill these insurance companies for immunization services. When you provide us with your insurance information, we will make every attempt to bill your insurance company. If the service is not covered or is denied, you will be mailed a bill along with a copy of the Explanation of Benefits (EOB). At that time, you will be expected to make payment for the service you received. By initialing here _____ you agree to pay for service or balance of the service after insurance payment.

PATIENT INFORMATION (PLEASE PRINT)

NAME: Last First MI	DOB:
ADDRESS:	RACE: (circle one) Black White Other (Specify) _____
CITY/ STATE/ZIP CODE:	SEX: M F Hispanic: Y N
ALLERGIES:	PHONE NUMBER:

METHOD OF PAYMENT: Cash, Check, Medicaid, Medicare, Blue Cross/Blue Shield, Ambetter, Aetna/Coventry, Cigna, United Healthcare? Policy # _____ Group # _____

For Medicare Beneficiaries with part B: By signing this form, you authorize the release of any medical or other information necessary to process this claim. You also request payment of government benefits either to yourself or the party who accepts assignment. You authorize payment of medical benefits to the _____ County Board of Health for services described.

For adult patients as well as parents of children to be vaccinated: The following questions will help us determine if there is any reason we should not give you or your child a vaccination today. If you answer "yes" to any question, it does not necessarily mean you or your child 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.**

1. Is the person to be vaccinated sick today? YES OR NO
2. Does the person to be vaccinated have an allergy to an ingredient of the vaccine? YES OR NO
3. Has the person to be vaccinated ever had a serious reaction to the influenza vaccine in the past? YES OR NO
4. Has the person to be vaccinated ever had Guillain-Barré syndrome? YES OR NO
5. Has the person to be vaccinated ever felt dizzy or faint before, during, or after a shot? YES OR NO
6. Is the person to be vaccinated anxious about getting a shot today? YES OR NO

PATIENT/PARENT SIGNATURE_____
DATE

BELOW FOR CLINIC USE ONLY:

Vaccine Given: _____	Site of Injection: (circle site used)
VIS Date: _____	IM –Left Deltoid / Right Deltoid
Date Vaccinated: _____	Left Middle Thigh / Right Middle Thigh
Manufacturer & Lot #: _____	ADMINISTERED BY _____ DATE _____

REV 7/28/26

1. Is the person to be vaccinated sick today? There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events. People with a moderate or severe illness usually should not be vaccinated until their symptoms have improved. Minor illnesses with or without fever do not contraindicate use of influenza vaccine. Do not withhold vaccination if a person is taking antibiotics.

2. Does the person to be vaccinated have an allergy to an ingredient of the vaccine? All vaccines, including influenza vaccines, contain various components that might cause allergic reactions, including anaphylaxis. ACIP and CDC do not consider egg allergy of any severity to be a contraindication or precaution to egg-based influenza vaccines: people with any type of egg allergy may receive any influenza vaccine (egg-based or non-egg-based) that is otherwise appropriate for their age and health status. Inactivated influenza vaccines provided in multidose vials contain thimerosal as a preservative. Most people who had sensitivity to thimerosal when it was used in contact lens solution do not have reactions to thimerosal when it is used in vaccines. Check the package insert at www.immunize.org/official-guidance/fda/pkg-inserts for a list of the vaccine components (i.e., excipients and culture media) used in the production of the vaccine or go to www.fda.gov/vaccines-blood-biologics/vaccines/vaccines-licensed-use-united-states. For the 2024–2025 influenza season, no vaccine or packaging contains latex.

3. Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past? Patients reporting a serious reaction to a previous dose of influenza vaccine should be asked to describe their symptoms. Immediate—presumably allergic—reactions are usually a contraindication to further vaccination against influenza. Do not give any egg-based IIV to a person who has experienced a serious systemic or anaphylactic reaction to a prior dose of any influenza vaccine (i.e., egg-based inactivated influenza vaccine [IIV], cell culture-based IIV [ccIIV], recombinant influenza vaccine [RIV], or live attenuated influenza vaccine [LAIV]). For ccIIV, history of a severe allergic reaction (e.g., anaphylaxis) to any ccIIV or any component of ccIIV is a contraindication to future use of ccIIV. For RIV, history of a severe allergic reaction (e.g., anaphylaxis) to any RIV or any component of RIV is a contraindication to future use of RIV. Fever, malaise, myalgia, and other systemic symptoms most often affect people who are first-time vaccinees. These local reactions are not a contraindication to future vaccination. These people can receive injectable vaccine without further evaluation. A history of a severe allergic reaction to a previous dose of any egg-based IIV, LAIV, or RIV is a precaution to use of ccIIV. A history of a severe allergic reaction to a previous dose of any egg-based IIV, ccIIV, or LAIV is a precaution to use of RIV. Use of ccIIV and RIV in such instances should occur in an inpatient or outpatient medical setting under supervision of a provider who can recognize and manage a severe allergic reaction; providers can also consider consulting with an allergist to help identify the vaccine component responsible for the reaction.

4. Has the person to be vaccinated ever had Guillain-Barré syndrome? People who are not at high risk for severe influenza complications and who are known to have developed Guillain-Barré syndrome (GBS) within 6 weeks after receiving a previous influenza vaccination should not be vaccinated. As an alternative, clinicians might consider using influenza antiviral chemoprophylaxis for these people. However, the benefits of influenza vaccination might outweigh the possible risks for certain people who have a history of GBS within 6 weeks after receipt of influenza vaccine and who are at higher risk for severe complications from influenza.

5. Has the person to be vaccinated ever felt dizzy or faint before, during, or after a shot? Fainting (syncope) or dizziness (presyncope) is not a contraindication or precaution to vaccination. However, for some people these can be a response to vaccination anxiety. People in adolescent and young adult age groups are more likely to experience syncope. CDC recommends that vaccine providers consider observing all patients for 15 minutes after vaccination. This is especially important for people with a pattern of injection-related syncope. For more information about vaccination-related syncope, see www.immunize.org/catg.d/p4260.pdf.

6. Is the person to be vaccinated anxious about getting a shot today? Anxiety can lead to vaccine hesitancy or avoidance. Simple steps can help a patient's anxiety about vaccination. Visit Immunize.org's "Improving the Vaccination Experience" for clinical resources by going to www.immunize.org/clinical/vaccine-confidence/topic/improving-vaccine-experience/.