

INFLUENZA VACCINE ADMINISTRATION REQUEST

"I have received the current **Influenza Vaccine Information Statement (VIS)**, describing **'What you need to know'** before you or your child gets the vaccine. I received the 20____ - 20____ VIS [provider fill in VIS year]. I have read or have had explained to me the information in this VIS about 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 vaccine and ask that it be given to me or the person named below for whom I am authorized to make this request." **Sign in the appropriate row below.**

Clinic _____ County _____

Information about person to receive vaccine (please print).						For Clinic Use Only:
NAME: LAST	FIRST	MIDDLE INITIAL	BIRTHDATE	AGE		CLINIC / OFFICE ADDRESS: _____
ADDRESS: STREET CITY COUNTY STATE ZIP						DATE VACCINE ADMINISTERED: _____
SIGNATURE OF PERSON TO RECEIVE OR PERSON AUTHORIZED TO MAKE THE REQUEST:						VACCINE MANUFACTURER: _____
1 X						VACCINE LOT NUMBER: _____
DATE						SITE OF INJECTION: _____
						SIGNATURE OF VACCINE ADMINISTRATOR: _____
						X
						TITLE OF VACCINE ADMINISTRATOR: _____
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