



Alabama Department of Public Health
Influenza Vaccine Administration Form

PATIENT INFORMATION

Form with fields: Last Name, First Name, M.I., Gender, Last 4 Digits of Social Security Number, Date of Birth, Age, Street Address, Phone, City, County, State, Zip, School.

PARENT / LEGAL GUARDIAN INFORMATION FOR DEPENDENTS

Form with fields: Last Name, First Name, Relationship to Patient, Street Address if Different, City, State, Zip, Phone, Emergency Contact.

INSURANCE INFORMATION

Form with fields: Insurance Provider (check one), Group Number, Insurance Policy Number or Medicare Number, Card Holder Name, Card Holder Date of Birth, Relationship to Patient.

VACCINATION AND HEALTH-RELATED INFORMATION

Form with questions: Has the patient ever received a flu vaccination?, Does the patient have long-term health problems with..., Does the patient have any life-threatening allergies..., Has the patient ever had a severe reaction after a dose of influenza vaccine?, Has the patient had Guillain-Barré Syndrome...

I have read the Vaccine Information Statement (VIS) about the influenza virus and vaccine. I understand the benefits and risks of the influenza vaccine. I give permission for the above named patient to receive the vaccine indicated.

Signature (Parent or Guardian if under 14, or if receiving vaccination at school clinic regardless of age) Date

(FOR CLINIC USE ONLY)

Form with fields: Date Vaccine and VIS Given, Type and Date of VIS, Clinical Site, County Code, NCES #, Vaccine Given, Site Type, Manufacturer, Lot Number, NDC #, Site of Injection, Route, Nurse Signature, Date.