

Sioux Center Medical Clinic
1101 Ninth St SE
Sioux Center, IA 51250
712-722-2609

Hawarden Medical Clinic
920 Ave F
Hawarden, IA 51023
712-551-1000

Hull Medical Clinic
807 Main Street, Ste. D
Hull, IA 51239
712-439-1315

For Office Use Only:

- Walk In
- Appointment
- IRIS
- HM
- Acct # _____

INFLUENZA IMMUNIZATION RECORD

Name _____ Date of Birth _____ Age _____
(Please print)

Address _____

City _____ State _____ Zip _____ Phone _____

MEDICAL INFORMATION:

- | | Yes | No | Don't Know |
|---------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 1. Are you sick today? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have an allergy to eggs or to a component of the vaccine? | <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-Barre's syndrome? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

POSSIBLE SIDE EFFECTS:

Immediate:

- a. Red, raised area at the site of injection lasting 1 to 2 days.
- b. Respiratory distress could occur when an individual is allergic to eggs.

Short-term:

- a. Fever, weakness, and/or aches. Will most likely start 6 to 12 hours after receiving the vaccine and persist for 1 to 2 days. This can occur when the body is developing immunity.

Long-term:

- a. No proven association with Guillain-Barre' Syndrome with flu vaccine.

Flu Vaccine Authorization & HIPAA Acknowledgement

I have been provided a copy of and/or have read or have had explained to me, information about an Influenza Vaccine Fact Sheet. I have had a chance to ask questions that were answered to my satisfaction.

I hereby request that an influenza vaccination be administered to me. All viruses in the vaccine are killed so you cannot get influenza from the vaccine. I understand that there is a possibility of an allergic or more serious reaction, or even death could occur with the flu shot.

A *Notice of Privacy* has been made available for me to review.

Signature of person to receive vaccine/guardian if minor/person authorized to make the request:

X _____ Date _____

For Office Use Only

Clinic Site:
 Sx Center
 Hull
 Hawarden

Site of Administration:
 L or R Deltoid
 L or R Thigh

Self Pay:
 Check # _____
 Cash \$ _____

Please Place Influenza Vaccine Label Here

Card Scans:
 Medicare/MADV
 Insurance
 Medicaid/MCO

Vaccine Given:
 Flu vaccine (6mo+): (0.5ml)
 Flu vaccine (65yr +) High dose

Stock:
 Private
 VFC

Immunizer Signature _____ Date of Administration _____