

INFLUENZA VACCINE RECORD

Fathers Name: _____ Date of Birth: _____

Are you currently sick?	Y	N
Have you ever had the flu vaccine before?	Y	N
Have you ever had a reaction to the flu vaccine?	Y	N
Have you ever had a reaction to any vaccine?	Y	N
Are you allergic to eggs or egg products?	Y	N
Are you allergic to chicken proteins?	Y	N
Do you have a history of Guillain-Barre Syndrome?	Y	N

Temp: _____ ml FluZone given IM in/at _____(site)

Aventis Pasteur Lot# _____ Expiration 06/03/2005

VIS Publication Date 05/24/2004

Given by: _____ VO per _____

Mothers Name: _____ Date of Birth: _____

Are you currently sick?	Y	N
Have you ever had the flu vaccine before?	Y	N
Have you ever had a reaction to the flu vaccine?	Y	N
Have you ever had a reaction to any vaccine?	Y	N
Are you allergic to eggs or egg products?	Y	N
Are you allergic to chicken proteins?	Y	N
Do you have a history of Guillain-Barre Syndrome?	Y	N

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Given by: _____ VO per _____

Child #1 Name: _____ Date of Birth: _____

Are you currently sick?	Y	N
Have you ever had the flu vaccine before?	Y	N
Have you ever had a reaction to the flu vaccine?	Y	N
Have you ever had a reaction to any vaccine?	Y	N
Are you allergic to eggs or egg products?	Y	N
Are you allergic to chicken proteins?	Y	N
Do you have a history of Guillain-Barre Syndrome?	Y	N

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INFLUENZA VACCINE RECORD

Child #2 Name: _____ Date of Birth: _____

- Are you currently sick? Y N
- Have you ever had the flu vaccine before? Y N
- Have you ever had a reaction to the flu vaccine? Y N
- Have you ever had a reaction to any vaccine? Y N
- Are you allergic to eggs or egg products? Y N
- Are you allergic to chicken proteins? Y N
- Do you have a history of Guillain-Barre Syndrome? Y N

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Child #3 Name: _____ Date of Birth: _____

- Are you currently sick? Y N
- Have you ever had the flu vaccine before? Y N
- Have you ever had a reaction to the flu vaccine? Y N
- Have you ever had a reaction to any vaccine? Y N
- Are you allergic to eggs or egg products? Y N
- Are you allergic to chicken proteins? Y N
- Do you have a history of Guillain-Barre Syndrome? Y N

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Child #4 Name: _____ Date of Birth: _____

- Are you currently sick? Y N
- Have you ever had the flu vaccine before? Y N
- Have you ever had a reaction to the flu vaccine? Y N
- Have you ever had a reaction to any vaccine? Y N
- Are you allergic to eggs or egg products? Y N
- Are you allergic to chicken proteins? Y N
- Do you have a history of Guillain-Barre Syndrome? Y N

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