HCA Healthcare

Seasonal Influenza Vaccination Form

I have read or have had explained to me the information about influenza and influenza vaccine. I have had an opportunity to discuss the benefits and risks of influenza vaccine with a healthcare provider of my choice before coming here today. I have had a chance to ask questions which were answered to my satisfaction. I understand the benefits and risks of influenza vaccine and request that the vaccine be given to me.

Print full name*: _____

Home address* _____ **City*** _____ **State*** _____ **Zip Code*** _____

Email address* _____ **Phone number*** _____ **3/4 ID*** _____ **Date of birth*** _____

Additional information:

Have you ever had a severe allergic (hypersensitivity) reaction to eggs, chickens, or chicken feathers?
☐ Yes ☐ No

Do you have a history of Guillain-Barré syndrome or a persistent neurological illness?
☐ Yes ☐ No

Are you pregnant?
☐ Yes ☐ No

Are you allergic to Thimerosal (preservative found in contact lens solution), any vaccine ingredient, or latex?
☐ Yes ☐ No

Signature of person receiving vaccine _____ **Date** _____

DO NOT WRITE IN THIS SPACE—NURSE USE ONLY

3/4 ID of vaccinator*: _____ **Lot number*:** _____ **Expiration date*:** _____

Vaccine type*:

GlaxoSmithKline (GSK)
- ☐ Fluarix Quadrivalent PFS
- ☐ FluLaval Quadrivalent PFS

Sanofi Pasteur
- ☐ Fluzone Quadrivalent PFS
- ☐ Fluzone Quadrivalent Multi-dose Vial
- ☐ Fluzone High-Dose Quadrivalent PFS
- ☐ Flublok Quadrivalent PFS

Seqirus
- ☐ Flucelvax Quadrivalent PFS
- ☐ Flucelvax Quadrivalent Multi-dose Vial
- ☐ Afluria Quadrivalent PFS
- ☐ Afluria Quadrivalent Multi-dose Vial
- ☐ Fluad Quadrivalent Adjuvanted PFS

Location where vaccine was administered*:
☐ HCA Hospital ☐ HCA CareNow facility ☐ HCA Physician Practice ☐ None of the above

Market name*: _____ **Facility name*:** _____

Vaccine location*:
☐ Left deltoid ☐ Right deltoid

Badge sticker provided?
☐ Yes ☐ No

Signature of person completing form _____ **Date** _____ **Time** _____

Comments: _____

*** = required**