

# 2013-2014–Vaccination Information and history Form

## The 2013-2014 Inactivated Influenza Virus Vaccine contains the following strains:

- ⌚ A/California/7/2009 (H1N1) pdm09-like virus
- ⌚ A/Victoria/361/2011 (H3N2)-like virus
- ⌚ B/ Massachusetts/2/2012-like virus

<b>Please answer by checking the box Yes or No to each question</b>	<b>YES</b>	<b>NO</b>
<b>1. Do you have a severe reaction to egg protein (stop breathing, throat swelling) or other reaction requiring medical attention?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. have you had any type of allergic reaction after taking a flu shot? (hives, throat swelling, stop breathing)</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Have you had a life threatening reaction to a flu shot?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. Do you or have you had a fever today?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. Have you had Guillain-Barre (a form of progressive paralysis) syndrome with 6 weeks of a previous flu shot?</b>	<input type="checkbox"/>	<input type="checkbox"/>

***\*A "yes" answer may disqualify you from receiving the flu shot (if you are sick wait till you are well to receive a flu shot).***

Name:

Last 4 of SSI

Address: Line 1   
 Line 2   
 Line 3

Telephone

please do not write below this line:

Person receiving shot(s) is:	Admin. By:	Signature:
VETERAN <input type="checkbox"/>	<input type="checkbox"/> Right Deltoid <input type="checkbox"/> Left Deltoid <input type="checkbox"/> OTHER _____	
Volunteer <input type="checkbox"/>	Date Administered :	
Employee <input type="checkbox"/>	<input type="checkbox"/> Vaccine: Influenza Trivalent Virus Vaccine GKS or CSL	
	Lot # <input type="checkbox"/>	