


# Inactivated Influenza Vaccine Worksheet

DO NOT SCAN IN MED RECORDS

 Please answer the following questions:

Current age: \_\_\_\_\_

1. Are you sick today with a moderate or severe illness? (i.e. temperature greater than 100.4° F orally) ☐ Yes ☐ No
2. Have you ever had a serious reaction to a prior dose of influenza (flu) vaccine? ☐ Yes ☐ No
3. Have you ever had a serious reaction to eggs or other flu vaccine component? ☐ Yes ☐ No
4. Have you experienced a nervous system disorder known as Guillain-Barre Syndrome within 6 weeks of receiving an influenza vaccine in the past? ☐ Yes ☐ No
5. Have you or will you be receiving an allergy injection today? ☐ Yes ☐ No

**STAFF USE ONLY:**

If answered yes to any of the above questions, please reference the worksheet companion document.

VIS edition date: \_\_\_\_\_

☐ **Influenza – 0.5 mL IM (≥6 mos)**Date: \_\_\_\_\_ Site: ☐ LT Deltoid ☐ RT Deltoid  
☐ LT Ant Thigh ☐ RT Ant Thigh☐ **High Dose Influenza – 0.7 mL IM (≥65 yrs)**Date: \_\_\_\_\_ Site: ☐ LT Deltoid ☐ RT Deltoid  
☐ LT Ant Thigh ☐ RT Ant ThighVIS given: ☐ Yes ☐ NoAny contraindications: ☐ Yes ☐ NoIf yes, approval to give per clinician/RN?: ☐ Yes ☐ No

Administration comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ADMINISTERED BY SIGNATURE/TITLE

KPHC USER ID

Vaccine: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

Lot #: \_\_\_\_\_

Expiration date: \_\_\_\_\_

COMPLETE INFO OR AFFIX PRE-PRINTED VACCINE LABEL