

2021-2022 Afluria Quadrivalent PFS No preservatives and No Latex
 Flucelvax Quadrivalent PFS No preservatives, No egg components, NO Latex

6 months+ old
 2 yrs old+ old

I have read the vaccine information sheet (VIS, dated 8/6/21), have had the chance to ask questions, and give consent to receive the vaccine. I understand this information may be submitted to the MN Immunization Registry.

Are you??	Place X here
Student	
Employee	
Dependent	
Retired	

Information about the person to be vaccinated, please print below

Student ID#/Employee ID# (dependent leave blank)

Last Name	First	Middle Initial
Date of Birth	Age	
Signature of person to receive vaccine	Date	Phone #
X		

*** If you think you may need a copy of your vaccination, please take a photo with your cell phone after you have received your shot. Ask your vaccinator today!**

Please answer the following health screening questions:

Are you 18 years of age or older?	YES	NO
Are you sick today (fever of 100.5 or higher)	YES	NO
Have you ever had Guillain-Barre' Syndrome?	YES	NO
Have you ever had an anaphylactic reaction to the flu vaccine?	YES	NO
Did you receive a flu shot last year?	YES	NO
Do you have any allergies to eggs, egg proteins, or any components of this influenza vaccine? N/A for Flucelvax (no egg components or egg proteins)	YES	NO

DO NOT WRITE IN THE SPACE BELOW-CLINIC USE ONLY

UMD HEALTH SERVICES			615 NIAGARA COURT		DULUTH, MN 55812	
Place a check next to LOT # used below						
_____	Seqirus	Afluria	LOT # P100358554	(70 doses)	EXP DATE 06/30/22	
_____	Seqirus	Afluria	LOT # P100360869	(330 doses)	EXP DATE 06/30/22	
_____	Seqirus	Flucelvax	LOT# 308474	(800 doses)	EXP DATE 06/30/22	
SITE OF INJECTION (CIRCLE ONE)			LEFT DELTOID		RIGHT DELTOID	
SIGNATURE OF VACCINE ADMINISTRATOR/TITLE				DATE (CIRCLE ONE or write in date)		
				10/13/21	10/26/21	other:
ADDITIONAL SIGNATURE IF NEEDED			<i>Mittle RN, NCBC</i>			