2020-2021 Adult Inactive Influenza Vaccine Administration Record

19 Years and Over

Influenza Strains: (TRIVALENT) A/Guangdong-Maonan/SWL1536/2019 (H1N1)pdm09-like virus (updated), A/Hong Kong/2671(H3N2)-like virus (updated), B/Washington/2019 (Victoria lineage)like virus(updated)
(QUADRIVALENT) Above, plus B/Phuket/3073/2013-like (Yamagata lineage) virus

Clinic Site

Name: (Last, First, MI)	**DOB:**	**Age:** **Sex:** M / F
Street Address:		
City:	**State:**	**Zip:**

Phone:	**Ethnicity:** Hispanic_____ Non-Hispanic:____
Egg Allergies: Yes / No	**Race:** White/Caucasian:_____ Black/African American:_____
Latex Allergies: Yes / No	Asian: _____
Insured? Yes ___ No ___ **If Yes:** Type of Insurance:_____ **Medicaid Eligible?** Yes____ No____	Pacific Islander: _____ Alaskan Native or Native American:_____

For City Employees ONLY: (Please check one)
☐ Employee ☐ Family member ☐ Retiree

I request the City of Nashua, Division of Public Health & Community Services, City of Nashua, to provide Influenza vaccine in accordance with the established policies & practices. I further agree to hold harmless the City of Nashua, its agents & employees from any and all claims, demands or liability in connection with provision of services. I hereby authorize the release of this information as deemed necessary to the proper provision of services to this client.

I have read or have had explained to me the information on this form and the attached information sheet about influenza vaccine. I have had a chance to ask questions which were answered to my satisfaction. I understand the benefits/risks of the influenza vaccine and request that it is given to me or the person named below for whom I am authorized to make this request.

SIGNATURE_____ DATE_____

For Clinic / Office Use Only :

For Clinic/Office Use Only: **Date on VIS:**8/15/2019
Vaccine/Manufacturer/Site: (Please check ONE): **Paid:_____ Receipt #: _____**

☐ **FLUARIX®** GlaxoSmithKline **- INJECTABLE-** 0.5ml single dose pre-filled syringe
☐ **FLULAVAL®** GlaxoSmithKline **- INJECTABLE-** 0.5ml single dose pre-filled syringe
☐ **FLUCELVAX®** Seqirus **- INJECTABLE-** 0.5ml single dose pre-filled syringe
☐ **FLUZONE®** Sanofi Pasteur **- INJECTABLE-** 0.5ml single dose pre-filled syringe
☐ **FLUZONE HIGH DOSE®** Sanofi Pasteur – **INJECTABLE-** 0.5ml single dose pre-filled syringe **65 YEARS AND OLDER ONLY**

Site: INJECTABLE – ☐ Left / ☐ Right Arm

Lot Number: _____ Expiration Date: _____
Date Vaccine and VIS Administered:_____
Name and Title of Vaccine Administrator: _____RN

New Hampshire Immunization Program Vaccinate for Life! NH DEPARTMENT OF HEALTH & HUMAN SERVICES

Address:
Nashua Division of Public Health and Community Service
603.589.4500

PREVENT • PROMOTE • PROTECT

CITY OF NASHUA
Division of Public Health & Community Services
18 MULBERRY STREET • NASHUA, NH • 03060

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