



An Affiliate of **MERCYONE**

INFLUENZA VACCINATION ADMINISTRATION RECORD

(PLEASE FILL IN ALL LINES COMPLETELY, PRINT YOUR NAME AS IT APPEARS ON YOUR INSURANCE CARD.)

Last Name _____ First Name _____ Middle Initial _____

Address _____ City _____ State _____ Zip _____

Phone _____ Doctor _____ Birth Date _____ Age _____

Check one: Male Female Have you had a seasonal flu shot before? (check one) Yes No

Primary Insurance _____ Secondary Insurance _____

READ THE STATEMENTS BELOW, THEN SIGN AND DATE THE FORM.

- I am not sick today.
- I have not had an allergic reaction to a flu shot in the past.
- I am not allergic to preservation found in eye drops and contact solution.
- I do not have Guillain-Barre Syndrome, a neurological disorder.
- I have read the Influenza Vaccine Information Sheet and have had any questions answered to my satisfaction.
- I understand the benefits and risks of the flu shot, and ask that the flu shot be given to me (or to the person for whom I am authorized to make this request.)
- I accept responsibility for seeking medical attention if a problem occurs after having been given this vaccine.

➡ SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY

Temperature _____

Name of Vaccine:

Fluzone Ped 2-35mo Fluzone Flulaval Flublok >50 Fluzone HD >65

Vaccine Manufacturer:

Sanofi Pasteur GSK

VFC: Yes No

Date Administered _____

Lot # _____ Expiration Date _____

Site of Injection _____

Signature _____

Entered into IRIS _____ Cerner _____ Entered on Log _____



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PERSONAL INFORMATION FOR PATIENT CARE

(PLEASE FILL IN ALL LINES COMPLETELY, PRINT YOUR NAME AS IT APPEARS ON YOUR INSURANCE CARD.)

Name _____

Date of Birth _____ SSN _____

Address _____

City _____ State _____ Zip Code _____

Primary Phone _____ Home Work Cell *(check one)*

Primary Care Provider _____

Employer _____

Emergency Contact _____ Relationship _____

Emergency Contact Phone _____

Primary Insurance _____ Subscriber _____

Secondary Insurance _____ Subscriber _____

**Madison County
Memorial Hospital**
300 W. Hutchings Street
Winterset, Iowa 50273
515-462-2373

**Health Trust
Physicians Clinic**
300 W. Hutchings Street
Winterset, Iowa 50273
515-462-2950

**Earlham
Medical Clinic**
125 W. 1st Street
Earlham, Iowa 50072
515-758-2907