FDHU FLU/COVID FORM

☐ FLU ☐ Private Vaccine ☐ VFC Vaccine (Medicaid, NA, No insurance, underinsured) ☐Adult 317 Flu

☐ COVID: PFIZER MODERNA

PLEASE PRINT. Use full, legal name.

FIRST NAME_____________________________________ **M.I.** _____ **LAST NAME**______________________________________

DATE OF BIRTH ____________________ **AGE**_________

GENDER Female Male

RACE *Circle all that apply* White American Indian African American Alaska Native Asian Hispanic/Latino Pacific Islander Other Unknown

Y_____N_____ Do you feel sick today?

Y_____N_____ Have you had a serious reaction from a previous vaccination?

Y_____N_____ Do you have a history of severe allergic reaction (anaphylaxis) to any component of the vaccine including egg protein?

Y_____N_____ Have you had Guillain-Barré Syndrome, a rare paralyzing illness?

Y_____N_____ Do you have a long-term health problem with lung, heart, kidney or metabolic disease (e.g., diabetes), asthma. Do not include high Blood Pressure.

Y_____N_____ Do you use tobacco?

--------**Additional Questions for COVID vaccine**--

Y_____N_____ Have you received a dose of COVID vaccine?

Y_____N_____ Have you received monoclonal antibodies or convalescent plasma for COVID treatment in past 90 days?

Y_____N_____ Have you tested positive for COVID in the past 10 days?

Y_____N_____ Do you have a weakened immune system caused by HIV infection or cancer or do you take immunosuppressive drugs or therapies?

Y_____N_____ Have you had blood disorder, myocarditis/pericarditis, heparin-induced thrombocytopenia or Multisystem Inflammatory Syndrome?

Y_____N_____ Do you have dermal fillers (cosmetic medical device implants)?

Y_____N_____ Have you ever had a **severe** allergic reaction (anaphylaxis) to anything? **List**:___________________

Please have Insurance, Medicaid or Medicare card ready to show staff.

FOR FDHU STAFF USE ONLY

Vaccine	CVX	Lot #	Site	Ages
Syringe	150		LA RA LT RT	6 months & up
High Dose Fluad	205		LA RA	65 years & up
COVID			LA RA	**Dose: 1 2 3 4 A B**
Adult 317 Flu	171		LA RA	19 years & up

Vaccine	CVX	Lot #	Site
PPV23	33		LA RA
PCV20			LA RA

Vaccine Administrator Initials					Date Given				
Amt Paid	Cash Credit Card	Check #	Scan	Pmt Post'd	Demo	IMM widget	Note done/sent	ESB √	Revised 2/3/2022