

**Capstone Employee Health and Occupational Medicine**

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**2022 Influenza Vaccination Request and Screening Form**

**Please read the information on this form, complete all questions below.**

Print Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ D.O.B \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Race:  White  Black  American Indian or Alaska Native  Asian  Pacific Islander  
 Ethnicity:  Hispanic or Latino  Not Hispanic or Latino

YES	NO	
		1. Do you have a history of severe allergic (hypersensitivity) reaction to eggs
		2. Do you have a history of Guillain-Barre Syndrome or other persistent neurological illness?
		3. Have you ever had a reaction to the flu shot that required a visit to the doctor?
		4. Are you currently ill or feverish (other than a cold)?

**If you answered "YES" to any of the above questions, discuss with provider. This might not be the best time or the shot may be contra-indicated.**

**NOTE:**

*This Quadrivalent Flu Vaccine DOES NOT contain latex or preservative, such as thimerosal. It DOES contain egg, but is safe if you don't get any reactions more severe than hives.*

**Common side effects from the flu shot include:**

**Soreness, redness, and/or swelling from the shot; Headache; Fever; Nausea; Muscle aches**

I have also reviewed the VIS (Vaccine Information Statement) and request that the vaccine be given to me.

Signature/ Guardian's Signature: \_\_\_\_\_

**INFLUENZA VACCINE ADMINISTRATION**

Company: **GSK Fluarix** Lot #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ VIS: Date \_\_\_\_\_

Given: 7 October 2022 Dosage **0.5 ml IM** Deltoid: R \_\_\_\_\_ L \_\_\_\_\_

MA/Tech/RN Signature: \_\_\_\_\_