

**Pediatric Health Associates, P.C.**  
FLU VACCINE HISTORY - Injectable  
FOR NON-PHYSICIAN VISIT

Parents Must Complete the Following:

Name \_\_\_\_\_ Date \_\_\_\_\_  
Street Address \_\_\_\_\_, City \_\_\_\_\_, Zip \_\_\_\_\_  
DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Phone # \_\_\_\_\_

Allergies: \_\_\_\_\_ Current Medications: \_\_\_\_\_

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**Diagnosis Code = Z23**

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|--|-----|----|
| 1. Is the person to be vaccinated sick today?  | YES | NO |
| 2. Does the person to be vaccinated have an allergy to a component of the vaccine?               | YES | NO |
| 3. Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past? | YES | NO |
| 4. Has the person to be vaccinated ever had Guillain-Barre syndrome?                             | YES | NO |

If you have answered "yes" to any of the above questions the clinical staff member must consult with a physician and obtain a specific written order before the vaccine can be administered:

Comments: \_\_\_\_\_

\_\_\_\_\_  
Signature Date

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**90686 - Flu Shot:** Sanofi Pastuer Product Lot# \_\_\_\_\_ Exp. \_\_\_\_\_

**90686 - (VFC) Flu Shot:** Product Lot# \_\_\_\_\_ Exp. \_\_\_\_\_

Date Administered: \_\_\_\_\_ By: \_\_\_\_\_