

Enriched Home Care Agency

7712 New Utrecht Avenue, Ste 2R, Brooklyn NY 11214

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Influenza Vaccination Form

Full Name: _____

DOB: _____ AGE: _____ SEX: Female Male

Address: _____

Allergies: No Yes Specify: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

Are you ill today? Yes No Don't Know

Have you ever had a severe reaction to a flu vaccine? Yes No Don't Know

Have you had Guillain-Barre Syndrome? Yes No Don't Know

Are you currently pregnant? Yes No Don't Know

Consent

I have read the provided information about influenza vaccination or had such explained to me. I have had the opportunity to ask questions which have been answered to my satisfaction. I understand the benefits and risks of the vaccination and hereby request to be given the influenza vaccine for the flu season be given to myself or the person whom I am authorized to give consent.

Signature _____ Date _____

Influenza Vaccine Administration

Type of Vaccine _____ Lot # _____

Dosage _____ Expiration Date _____

Administered by _____

Address _____

Signature _____ Date _____