

Flu Vaccine Tracking and Data Entry

PRE-VACCINATION ASSESSMENT

Please read and answer the following questions:

1. Have you been vaccinated with the seasonal influenza vaccine before? Yes No
2. Have you been ill or had a fever within the past 48 hours? Yes No
3. Do you have an allergy to eggs or egg containing products?
(Experience hives, tongue swelling or difficulty breathing) Yes No
4. Have you had a serious allergic reaction to a previous influenza vaccine?
(NOTE: Minor redness or swelling at site of shot is NOT considered a serious reaction) Yes No
5. Have you ever had Guillain-Barre syndrome? Yes No
6. Are you pregnant or planning to become pregnant during this influenza season? Yes No
7. Do you have a severe allergy to latex? Yes No
8. Have you received the flu vaccine during this 2022-23 flu season? Yes No
If yes, where did you receive it? (_____)

I have received the CDC Influenza Vaccine Statement (VIS). By signing below, I attest to understanding the VIS and consent to receive the influenza vaccine.

Signature _____ Date: _____

*Please review any "yes" answers with a licensed nurse prior to administering flu vaccine.

Place Label Here, or write name here:

INTERNAL USE ONLY

AGE	FLU VACCINE	DOSE/ROUTE/SITE	CPT CODE
6-35 months	Fluzone Vaccine 0.5 mL – Single Dose <input type="checkbox"/> First dose <input type="checkbox"/> Second Dose	0.5mL IM R/L Thigh	90471 90685
3-64 years	Fluzone Vaccine 0.5 mL – Single Dose <input type="checkbox"/> First dose <input type="checkbox"/> Second Dose	0.5 mL IM R/L Deltoid or Thigh	90471 90686
65 years & Up	Fluzone High-Dose Vaccine 0.7mL – Single Dose	0.7 mL IM R/L Deltoid	90662 G008 Medicare Only

VIS Given Entered into Next Gen EHR

Place syringe sticker with lot # here

Administered by (Name/Title): _____

Date Administered: _____

Location:

- Makena Citracado
- MOB #1 Citracado
- Pomerado Outpatient Pavilion (POP)
- Ramona
- Rancho Peñasquitos
- San Marcos
- Vista