



2021 University of Utah Flu Clinic

2021-2022 SEASONAL INACTIVATED INFLUENZA VACCINE ADMINISTRATION RECORD

I NEED A COPY

A scanned copy of the form will be emailed to you within 10 days of the flu clinic

* **You DO NOT need a copy for WellU** – all forms will automatically be entered in the WellU tracker *

I AM OR HAVE BEEN A PATIENT OF UNIVERSITY OF UTAH HEALTH

Check this box if you have been seen by a U Health provider somewhere within University of Utah Health organization. This immunization will be recorded in your electronic medical record.

PLEASE PRINT CLEARLY

Full Name: _____

University ID#: U _____ Date of Birth: _____

Email: _____

Are you sick today?	Yes	No
Do you have a severe allergy to eggs or other vaccine components?	Yes	No
Have you ever had a serious reaction to an influenza vaccination?	Yes	No
Have you ever had Guillain-Barre Syndrome?	Yes	No

I have read or have had explained to me the information in the VIS (dated 8/6/21) about the influenza disease and inactivated influenza vaccine. I have had a chance to ask questions and they were answered to my satisfaction. I understand the benefits and risks of inactivated influenza vaccine and ask that the vaccine be given to me. Information collected in this form will be kept in University of Utah Health records. Vaccination information may also be entered in the Utah Statewide Immunization Information System (USIIS).

Employee Signature: _____ Dated: _____

Vaccine: Influenza Manufacturer: ID Biomedical Corp Lot: E9R44 42M9S

Expiration: 06/30/2022

Site of Vaccine Injection: RIGHT / LEFT Deltoid / IM

Vaccine Administered By: _____ Title: _____