



**Elbowoods Memorial Health Center**  
**College Drive 1058**  
**New Town, ND 58763**  
**1-701-627-4750**



|   |                      |                                |                 |
|---|----------------------|--------------------------------|-----------------|
| <b>Patient's Name (Last, First, MI)</b>                   |                      |                                |                 |
| <b>Address (Street, or P.O Box)</b>                       | <b>City</b>          | <b>County</b>                  | <b>State</b>    |
| <b>Telephone or Cell Phone Number</b>                     | <b>Date of Birth</b> | <b>Male    Female</b>          | <b>Zip Code</b> |
| <b>Name of Parent or Guardian responsible for patient</b> |                      | <b>Relationship to patient</b> |                 |

**Flu Screening Questions**

1. Does the person to be vaccinated have an allergy to a component of the vaccine? (including, but not limited to, eggs or Thimerosal?) **Yes or No**
2. Is the person to be vaccinated sick today? **Yes or No**
3. Have you ever had Guillain-Barre' Syndrome? **Yes or No**
4. Have you ever had a serious reaction to the Flu shot in the past? **Yes or No**
5. Does the person to be vaccinated have asthma, currently pregnant or have an autoimmune disorder?  
**(FluMist is contraindicated if answer is YES to this question)** **Yes or No**

**I have received the vaccination information sheet and have been given a chance to ask questions and have any questions answered.**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of patient or authorized person**

Patients Temp \_\_\_\_\_  
 Contraindicated if Temp >101.0

VIS Date: 8/6/2021

LA RA LT RT    IM / Intranasal  
 Site of Injection    Route

**Peds 6 mo – 18 years**  
 Fluzone(IIV4) **(VFC)**  
 Sanofi Pasteur  
 0.5mL IM  
 LOT# UT7682KA  
 Exp: 6/30/2023

**Peds 2 years – 18 years**  
 FluMist (LAIV4)  
 AstraZeneca **(VFC)**  
 0.1mL per nare (0.2mL total)  
 LOT# PJ3267  
 Exp: 12/26/2022

**Peds 6mo-18 years**  
 FluLaval (IIV4)  
 GSK **(VFC)**  
 0.5mL IM  
 LOT# 2R5K7  
 Exp: 06/30/2023

**Adult 65 yrs+**  
 Flud (aIIV4)  
 Seqirus **(private)**  
 0.5mL IM  
 LOT# 346367  
 Exp: 05/24/2023

Fluzone (IIV4)  
 Sanofi Pasteur **(VFC)**  
 0.5mL IM  
 LOT# UT7683JA  
 Exp: 06/30/2023

FluMist (LAIV4)  
 AstraZeneca **(VFC)**  
 0.1mL per nare (0.2mL total)  
 LOT# PH3533  
 Exp: 12/14/2022

FluLaval (IIV4)  
 GSK **(VFC)**  
 0.5mL IM  
 LOT#J7C77  
 Exp: 6/26/2023

**Adult 19-64 years**  
*multidose vial*  
 Afluria (IIV4)  
 Seqirus **(private)**  
 0.5mL IM  
 LOT# P100468911  
 Exp: 06/30/2023

Sanofi Pasteur **(VFC)**  
 0.5mL Im  
 LOT# UT7682MA  
 Exp: 6/30/2023

**Peds 6 mo-18 Years**  
 FluLaval (IIV4) GSK  
 0.5 mL IM **(VFC)**  
 LOT# 3393T  
 Exp: 6/30/23

GSK **(VFC)**  
 0.5mL IM  
 LOT# KH3N5  
 Exp:6/16/2023

GSK **(VFC)**  
 0.5mL IM  
 LOT #2YB4G  
 Exp: 06/30/2023

GSK **(VFC)**  
 0.5mL IM  
 LOT# 2G7K9  
 Exp: 6/12/2023

Nurse: \_\_\_\_\_

-----Answer these additional Questions if Receiving COVID vaccine today -----

Y \_\_\_ N \_\_\_ Have you received a dose of COVID vaccine? Circle which one: Pfizer Moderna Janssen Novavax

Y \_\_\_ N \_\_\_ Have you received monoclonal antibodies or convalescent plasma for COVID treatment in past 90 days?

Y \_\_\_ N \_\_\_ Have you tested positive for COVID in the past? If yes when? \_\_\_\_\_

Y \_\_\_ N \_\_\_ Do you have a weakened immune system caused by HIV infection or cancer or do you take immunosuppressive drugs or therapies?

Y \_\_\_ N \_\_\_ Do you have any underlying health conditions? (Cancer, Diabetes, COPD, Heart Disease, etc.)

Y \_\_\_ N \_\_\_ Have you ever had a severe allergic reaction (anaphylaxis) to anything? List: \_\_\_\_\_

| √ | COVID VACCINE           | LOT # | ADMIN SITE | DOSE |
|---|-------------------------|-------|------------|------|
|   | TENDER PEDS PFIZER <5   |       |            |      |
|   | PEDIATRIC PFIZER 5 – 11 |       |            |      |
|   | PFIZER 12+              |       |            |      |
|   | PFIZER BIVALENT 12+     |       |            |      |
|   | MODERNA 18+             |       |            |      |
|   | MODERNA BIVALENT 18+    |       |            |      |
|   | NOVAVAX                 |       |            |      |
|   | JANSSEN                 |       |            |      |

Nurse: \_\_\_\_\_