

**PEDIATRIC (6 months to 17 years old) INFLUENZA VACCINE ADMINISTRATION FORM 2020-2021**

Patients Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Primary Physician: \_\_\_\_\_  
 Medical Record #: \_\_\_\_\_

(Or place patients label here)

**FOR PATIENTS OR PARENTS**

Please answer following questions:

1. Have you received the flu vaccine before?  YES  NO  NOT SURE
2. Have you been ill in the last 24 hours with temperature greater than 100.6?  YES  NO  NOT SURE
3. Are you allergic to Neomycin/Gentamicin?  YES  NO
4. Do you have a history of Guillian Barre?  YES  NO
5. Have you ever had a previous influenza vaccine reaction?  YES  NO

\_\_\_\_\_ Date \_\_\_\_\_  
 Patient or Parent/Guardian's Signature

**FOR CLINICAL STAFF ONLY: Refer to standing order and influenza formulation grid**  
**If patient/parent answers "Not sure" to question #1 and is younger than 9 years old administer dose and then send patient to pediatrics to review EHR for previous vaccination and schedule second dose after 30days if needed.**

**6 months to < 9 years**

Influenza vaccine 0.5 ml. (Fluzone/Flulaval/Fluarix) Pediatric) IM, (repeat vaccine in 1 month if first year of receiving vaccine)

Site given:  Right deltoid  Left deltoid

Site given:  Right thigh  Left thigh

**4 years to < 9 years**

Influenza vaccine 0.5 ml IM (Flucelvax), (repeat vaccine in 1 month if first year of receiving vaccine)

Site given:  Right deltoid  Left deltoid

**9 years to 17 years**

Site given:  Right deltoid  Left deltoid

Lot #: \_\_\_\_\_ Manufacturer: \_\_\_\_\_ Expiration date: \_\_\_\_\_

2 Patient identifiers verified  Patient's temperature (if indicated): \_\_\_\_\_ No Reaction to Procedure

\_\_\_\_\_  
 Clinical Staff & Title Date

\_\_\_\_\_  
 Ordering Physician's Signature Date

**MD Verified Medication**

**CDC Vaccine Information Sheet Given:**  
 English  Spanish  Other  Date: \_\_\_\_\_

CPT CODE	ADMIN CODES	CHECK ONE
<b>90686X</b> Fluarix 6 mos+	G0008	
<b>90674C</b> Flucelvax Cell Cultured Derived 4+ yrs	G0008	
<b>90686V</b> Flulaval 6 mos +	G0008	
<b>90686Z</b> Fluzone 6 mos+	G0008	

**Staff Use Only: Immunization history entered in EHR**

**Charges entered in EHR**