

**VACUNA CONTRA LA GRIPE PARA ADULTO/NIÑOS FORMULARIO DE ADMINISTRACIÓN  
ADULT/PEDIATRIC INFLUENZA VACCINE ADMINISTRATION FORM 2020-2021**

Nombre del Paciente/Patient's name: \_\_\_\_\_

Fecha de nacimiento/Date of Birth: \_\_\_\_\_

Médico de atención primaria/Primary physician: \_\_\_\_\_

Número de expediente médico/Medical record #: \_\_\_\_\_

**(Or place patients label here)**

**PARA PACIENTES O PADRES/ FOR PATIENTS OR PARENT**

Por favor conteste las siguientes preguntas/ Please answer following questions:

**Vacuna contra la gripe/ Influenza Vaccine**

- ¿Ha recibido la vacuna contra la gripe en los últimos 6 meses? /Have you received the flu vaccine in the last 6 months?  
 Si  No  Not Sure
- ¿Ha estado enfermo en las últimas 24 horas? / Have you been ill in the last 24 hours with temperature greater than 100.6?  
 Si  No  Not Sure
- ¿Es alérgico a Neomycin/Gentamicin?/ Are you allergic to Neomycin/Gentamicin?  Si  No
- ¿Tiene usted historia de Guillian Barre?/ Do you have a history of Guillian Barre?  Si  No
- ¿ Reacciones potencialmente letales a vacunas contra la influenza en el pasado?  Si  No

Paciente o Padres/Tutores Firma/

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

**FOR CLINICAL STAFF ONLY:**

Refer to standing order and influenza formulation grid

Influenza vaccine 0.5 ml. IM Site given:  Right Deltoid  Left Deltoid

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

2 patient identifiers verified \_\_\_\_\_ Patient's temperature (if indicated): \_\_\_\_\_

No signs of adverse reaction noted

\_\_\_\_\_  
Clinical Staff's Signature & Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Ordering Physician's Signature (if required)

\_\_\_\_\_  
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	<input type="checkbox"/>
<b>90674C</b> Flucelvax Cell Cultured Derived 4+ yrs	G0008	<input type="checkbox"/>
<b>90686V</b> Flulaval 6 mos +	G0008	<input type="checkbox"/>
<b>90686Z</b> Fluzone 6 mos+	G0008	<input type="checkbox"/>
<b>90694D</b> Fluad 65yrs +	G0008	<input type="checkbox"/>

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

**Charges entered in EHR**