



# Influenza

## Vaccination

Please fill out the requested information completely:

1) Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

2) Which arm do you want to use:  Right  Left

3) I am requesting the following flu shot:

**Traditional flu shot** **\$34.95** Appropriate for Ages 6+

**High Dose flu shot** **\$89.95** Appropriate and recommended for ages 65+

4) For ages 6-8 only: How many influenza vaccinations has the child had in his/her life?:

None or 1

2 or More

Don't know

5) Allergies:

No allergies

Neomycin, Polymyxin, Hydrocortisone or Gentamicin

Other vaccines or vaccine components: \_\_\_\_\_

Other allergies: \_\_\_\_\_

6) Are you currently experiencing any acute illness such as a cold, fever or other infection?

No  Yes (please describe): \_\_\_\_\_

7) Have you ever had a serious reaction to influenza vaccine in the past?

No  Yes (please describe): \_\_\_\_\_

8) Have you ever had Guillain-Barre syndrome?

No  Yes (if yes, when?): \_\_\_\_\_

9) We will add a record of this vaccination to the Wisconsin Immunization Registry (WIR) to keep your records with your other health care providers up-to-date. You may decline to be added to WIR; it will then be your responsibility to notify your health care providers as needed. If you do NOT want this vaccination added to the WIR, check this box:  Do NOT submit a record of this vaccination to the Wisconsin Immunization Registry

10) Please sign and date:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please provide your insurance card(s) with this form if you want the vaccine billed to insurance.