CHET JOHNSON DRUG
Amery, Wisconsin

I

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** Appropriate for Ages 6+

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
   ☐ Eggs
   ☐ Neomycin, Polymyxin or Hydrocortisone
   ☐ 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.