

RECORD OF COVID-19, FLU & PNEUMO IMMUNIZATION(S)

Clinic/Site: _____

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Date

Name: Last, First

Personal Health Number

Birthdate (dd/mm/yyyy)

PARIS ID

Common vaccine side-effects can include soreness, redness, and swelling where the shot was given. Some people get a mild fever, headache and aching muscles.

Common vaccine side-effects can also include:

- COVID-19: underarm lymph node swelling, fatigue, chills, joint pain, nausea, vomiting.
- INFLUENZA: fatigue, nausea, vomiting, diarrhea and chills. Young children may be irritable, sleepy and have a decreased appetite.
- PNEUMOVAX: fatigue, decreased appetite.

With any vaccine, there is a very rare chance of a severe allergic reaction. Get medical help right away if you experience trouble breathing, hives, or facial swelling.

For any serious or unexpected reactions, please inform your healthcare provider.

Flu shot #2* due in 4 weeks. Date _____

**Children 8 years and younger receiving a flu shot for the first time require a second flu shot in 4 weeks*

		<input type="checkbox"/> Phone	<input type="checkbox"/> Text	<input type="checkbox"/> Mail
		<input type="checkbox"/> Email: _____		

Address

Phone #

Preferred Contact Method

Trade name	Dose #	Dose mL	Lot #	Site	Provider Signature
INFLUENZA (FLU)					
<input type="checkbox"/> Fluzone <input type="checkbox"/> Fluvad <input type="checkbox"/> Other _____				<input type="checkbox"/> Rt <i>deltoid</i>	
<input type="checkbox"/> Flumist <input type="checkbox"/> FluzoneHD				<input type="checkbox"/> Lt <i>deltoid</i>	
COVID-19					
<input type="checkbox"/> Pfizer Adolescent/Adult <input type="checkbox"/> Moderna (original)				<input type="checkbox"/> Intranasal	
<input type="checkbox"/> Pfizer Pediatric <input type="checkbox"/> Moderna 6mo-5y 0.1mg/mL				<input type="checkbox"/> Rt <i>deltoid</i>	
<input type="checkbox"/> Pfizer 6mo-4y <input type="checkbox"/> Moderna Bivalent				<input type="checkbox"/> Lt <i>deltoid</i>	
<input type="checkbox"/> Pfizer Bivalent <input type="checkbox"/> Other _____					
PNEUMOCOCCAL (PNEUMOVAX)					
Route: <input type="checkbox"/> IM <input type="checkbox"/> SC				<input type="checkbox"/> Rt	
				<input type="checkbox"/> Lt*	

Informed consent

Signature

* For minor children and adults unable to self-consent, please print name and relationship to client