Vancouver CoastalHealth

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

Clinic/Site:_____

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 servere 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*

Address	Phone #	Preferred Contact Method
		☐ Phone ☐ Text ☐ Mail ☐ Email: _____

Trade name	Dose #	Dose mL	Lot #	Site	Provider Signature
INFLUENZA (Flu) ☐ Fluzone ☐ Fluad ☐ Other _____ ☐ Flumist ☐ Fluzone HD				☐ Rt *deltoid* ☐ Lt *deltoid* ☐ Intranasal	
COVID-19 ☐ Pfizer Adolescent/Adult ☐ Moderna (original) ☐ Pfizer Pediatric ☐ Moderna 6mo-5y 0.1mg/mL ☐ Pfizer 6mo-4y ☐ Moderna Bivalent ☐ Pfizer Bivalent ☐ Other _____				☐ Rt *deltoid* ☐ Lt *deltoid*	
PNEUMOCOCCAL (PNEUMOVAX) **Route:* ☐ *IM* ☐ *SC*				☐ Rt* ☐ Lt*	

☐ **Informed consent**

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

VCH.0823 | SEP.2022

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