

# Fenton Medical Center Vaccine Administration Record 2025-2026

Fenton Medical Center will keep this record in my medical file or my child's medical file. They will record what vaccine was given, when the vaccine was given, the name of the company that made the vaccine, the vaccine's special lot number, the signature and title of the person who gave the vaccine, and the address where the vaccine was given.

## **Please answer the following –**

1. Do you have an allergy to eggs or egg protein? \_\_\_\_\_ yes or no
2. Are you actively ill with a fever > 99.5 in the past 24 hours? \_\_\_\_\_ yes or no
3. Are you in your first trimester of a pregnancy? \_\_\_\_\_ yes or no
4. Are you undergoing any chemotherapy treatment? \_\_\_\_\_ yes or no
5. Are you immunocompromised for any reason? \_\_\_\_\_ yes or no

**If you answer YES to any of the questions above you cannot get your flu shot today.**

I have read or have had it explained to me the information about influenza and influenza vaccine. I have had a chance to ask questions that were answered to my satisfaction. I did not answer yes to any of the questions above. I believe I understand the benefits and risks of influenza vaccine and ask that the vaccine be given to me or to the person named below for whom I am authorized to make this request.

### **Information about person to receive vaccine (Please print)**

Name: Last First Middle Initial Birth Date Age

Address: Street City County State Zip

### **Signature of person to receive vaccine or person authorized to make the request (parent or guardian):**

X \_\_\_\_\_ Date \_\_\_\_\_

X \_\_\_\_\_ Date \_\_\_\_\_

Reviewed by (FMC Staff)

### **For Clinic/Office Use**

Clinic/Office Address: Fenton Medical Center, 102 N. Adelaide Street, Fenton, MI 48430

Date Vaccine Administered: \_\_\_\_\_

Vaccine Manufacturer: \_\_\_\_\_

Vaccine Lot Number: \_\_\_\_\_ Site of Injection: \_\_\_\_\_

Signature of Vaccine Administrator: \_\_\_\_\_