

Fenton Medical Center Vaccine Administration Record 2026-2027

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 past 24hrs? _____ yes or no
3. Are you in your first trimester of a Pregnancy? _____ yes or no
4. Are you undergoing chemotherapy treatment? _____ yes or no
5. Are you immunocompromised for any reason? _____ yes or no

If you answer yes to any of these questions above you cannot get your flu shot today.

I have read or have had 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
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Address:	Street	City	County	State	Zip
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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: _____