



Community Memorial Hospital  
150 Broad Street  
Hamilton, NY 13346

**COMMUNITY DRIVE-FLU CLINIC  
INFLUENZA VACCINE – ORDER**  
Effective **SEPTEMBER 17, 2021**

Name: \_\_\_\_\_

Date **09/17/2021**

Primary Care Physician: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Age: \_\_\_\_\_

**Contraindications:**

- yes  no Previously vaccinated this “flu season”.
- yes  no Previous allergy to influenza vaccine (further evaluation by a physician is indicated).
- yes  no Severe allergy to eggs.
- yes  no History of Guillain-Barré Syndrome.
- yes  no Current health status – moderately/severely ill.
- yes  no Planned chemotherapy or other immunosuppressive therapy within 2 weeks.

**Contraindicated – DO NOT GIVE**

**Evaluation:**

- Individual at risk without contraindications. Proceed.
- Individual is pregnant. Proceed with **preservative free** vaccine.
- Individual is 65 years old or older. Proceed with **high dose** vaccine.

**Vaccine Order:**

- Vaccine Information Sheet (VIS) provided to recipient (08/15/2019).
- Recipient verbally advised of potential side effects and adverse reactions.
- Consent form signed.

\_\_\_\_\_  
Nurse Signature

**If three items above are completed, proceed with vaccination.**

- Give influenza vaccine 0.5 mL IM
- Give influenza vaccine 0.5 mL IM \*\* Preservative free while pregnant\*\*
- Give high dose (65 years or older) influenza vaccine 0.5 mL IM

MD \_\_\_\_\_ *24 Aug 21* \_\_\_\_\_  
*1237*

Date: \_\_\_\_\_ Time: \_\_\_\_\_

**This order is valid for 9/17/2021 only.**

**Post Vaccination Assessment:**

- Suffered the following allergic reaction in \_\_\_\_\_ minutes.
- No problems with any allergic reaction reported.

**Administration Record:**

Date/Time \_\_\_\_\_ Site:  Right deltoid  Left deltoid  
Manufacturer \_\_\_\_\_ LOT # \_\_\_\_\_ Exp: \_\_\_\_\_  
Administered by \_\_\_\_\_

**CONSENT FOR VACCINE:** "I have read the information provided about influenza and influenza vaccine. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of influenza vaccine and ask that the vaccine be given to me."

Signature \_\_\_\_\_

Date \_\_\_\_\_