



Community Memorial Hospital
150 Broad Street
Hamilton, NY 13346

**COMMUNITY FLU CLINIC
INFLUENZA VACCINE – STANDING ORDER
Effective SEPTEMBER 23, 2022**

Name: _____

Date: _____

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 (08/07/2015).
- 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 *[Signature]*

Date: 14 SEP 22 Time: 1445
This order is valid for 9/23/2022 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 _____