



Allied Pediatrics & Family Medicine – Bellmore Merrick #702
2154 Newbridge Road, Bellmore, NY 11710, 516-409-8800 FLU

VACCINE HISTORY

For NON-PHYSICIAN VISIT INS \_\_\_\_\_

Parents Must Complete the Following:

Name \_\_\_\_\_ Date \_\_\_\_\_
Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_
DOB \_\_\_\_\_ Age \_\_\_\_\_ Phone # \_\_\_\_\_

Allergies \_\_\_\_\_ Current Medications \_\_\_\_\_

Diagnosis Code =Z23

- 1. Have you ever had:
• A serious allergic reaction to egg or egg products (hives, swelling of lips or tongue), Difficulty breathing, shock)? YES NO
• A serious allergic reaction to a previous flu vaccine? YES NO
• Guillain-Barre Syndrome GBS – a serious neurological condition YES NO
2. Are you currently sick? YES NO
3. Do you have asthma? YES NO
4. Are you taking Aspirin or aspirin- containing medication YES NO
5. Are you known or suspected to be immunocompromised (low immunity to fight diseases)? YES NO
6. Is there any possibility that you are pregnant or breastfeeding? YES NO N/A

If you have answered “yes” to any if the above questions the clinical staff member must consult with a physician and obtain a specific written order before the vaccine can be Administered. \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

90686 – FLU SHOT: Sanofi Pastuer – Preservative Free Product Lot# \_\_\_\_\_ Exp.

Date Administered: \_\_\_\_\_ By: \_\_\_\_\_