## Fenton Medical Center Vaccine Administration Record 2024-2025

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.

| <u>swer the followin</u>   | <u>ı<b>g</b> —</u>  |  |   |  |   |                  |                      |                             |                |            |          |
|--|---|--|---|--|---|------------------|----------------------|-----------------------------|----------------|------------|----------|
| 1. Do you have an allergy to eggs or egg protein?  |   |  | yes or no   |  |   |                  |                      |                             |                |            |          |
| <ul><li>2. Are you actively ill with a fever &gt;99.5in past 24hrs?</li><li>3. Are you in your first trimester of a Pregnancy?</li><li>4. Are you undergoing chemotherapy treatment?</li></ul> |   |  | yes or no yes or no yes or no   |  |   |                  |                      |                             |                |            |          |
|  |   |  |   |  |   | you immunocom    | promised for any rea | d for any reason? yes or no |                |            |          |
|  |   |  |   |  |   | answer yes to an | y of these questions | s above you canno           | t get your flu | shot today | <u>.</u> |
| d a chance to ask<br>y of the question<br>and ask that the va  | questions that were s above. I believe I ccine be given to me   | answered to my s<br>understand the be  | atisfaction. I<br>enefits and risl  | did not ans<br>ks of influe  | swer<br>enza                                |                  |                      |                             |                |            |          |
| on about person to   | receive vaccine (Please   | print)   |   |  |   |                  |                      |                             |                |            |          |
| Last   | First   | Middle Initial   | Birth Date  | Age  |   |                  |                      |                             |                |            |          |
| Street   | City  | County   | State   | Zip  |   |                  |                      |                             |                |            |          |
| of person to receive   | vaccine or person aut   | horized to make the  | request (parent   | or guardian  | ):  |                  |                      |                             |                |            |          |
|  |   | Date   |   |  |   |                  |                      |                             |                |            |          |
|  |   | Date   |   |  |   |                  |                      |                             |                |            |          |
| d by (FMC Staff)   |   |  |   |  |   |                  |                      |                             |                |            |          |
|  |   |  |   |  |   |                  |                      |                             |                |            |          |
| Office Use   |   |  |   |  |   |                  |                      |                             |                |            |          |
|  | Medical Center, 102 N. A  | Adelaide Street, Fento   | on, MI 48430  |  |   |                  |                      |                             |                |            |          |
| e Address: <u>Fenton N</u>   | Medical Center, 102 N. A  | ,  | ,   |  |   |                  |                      |                             |                |            |          |
| e Address: Fenton Market Administered:   | ,   |  |   |  |   |                  |                      |                             |                |            |          |
|  | you have an allergy you actively ill we you in your first to you undergoing of you immunocome.  answer yes to an | you have an allergy to eggs or egg proyou actively ill with a fever >99.5in program you in your first trimester of a Pregnat you undergoing chemotherapy treatmy you immunocompromised for any reason and or have had explained to me the infect a chance to ask questions that were yof the questions above. I believe I had ask that the vaccine be given to me to make this request.  The street The street of the present automater of the present to receive vaccine (Please Street) and the present to receive vaccine or person automater of th | you have an allergy to eggs or egg protein? you actively ill with a fever >99.5 in past 24hrs? you in your first trimester of a Pregnancy? you undergoing chemotherapy treatment? you immunocompromised for any reason?  answer yes to any of these questions above you cannot ad or have had explained to me the information about infinite a chance to ask questions that were answered to my say of the questions above. I believe I understand the beard ask that the vaccine be given to me or to the person all to make this request.  On about person to receive vaccine (Please print)  Last First Middle Initial  Street City County | you have an allergy to eggs or egg protein?  you actively ill with a fever >99.5in past 24hrs?  yes or receive vaccine or person authorized to make the request (parent potes.)  you have an allergy to eggs or egg protein?  you actively ill with a fever >99.5in past 24hrs?  yes or receive vaccine or person authorized to make the request (parent potes.) | you have an allergy to eggs or egg protein? |                  |                      |                             |                |            |          |

Signature of Vaccine Administrator: