



314 Agler Road Gahanna, OH 43230
Ph: 614-284-4114 or 614-944-9029



Flu Vaccine Form

Patient Name: _____ Date: _____ F: ☐ M: ☐

DOB: _____ Age: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

I, the undersigned, have read or had explained to me the vaccine information sheet (VIS). I understand the risks and benefits associated with the influenza vaccine and have had any questions satisfactorily answered. I voluntarily request that the vaccine be given to me or for the aforementioned person for whom I am authorized to make this request.

Signature

Date

Screening Questions

Have you had a reaction to the flu vaccine in the past? Yes No

Have you ever had Guillain-Barre syndrome? Yes No

For Office Use Only

Date Given: _____ Administered By: _____ Building _____

Route: IM Site: RD LD (circle one)

High dose NDC: 70461-121-03

Lot #: 312842

Expiration Date: 5/19/2022

Mfg: Seqirus Vaccines Limited

Regular dose NDC: 70461-321-03

Lot #: 309614

Expiration Date: 6/27/2022

Mfg: Seqirus Vaccines Limited

Code: (Circle One): CPT 90694 – High Dose intramuscular for 65+ CPT 90674 – Low Dose for 2+ to 64

Administration Code: (Circle One): CPT G0008 – 65+ CPT 90471 - Other

*** Diagnosis Code: Z23