



**Municipality of Anchorage**  
 Department of Health and Human Services  
 825 L Street, Anchorage, AK 99501  
 343-4799

2009-2010  
 Mass Immunization Clinics  
 for Influenza Vaccination



**Please complete the following information**

First Name \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_  
 Middle Name \_\_\_\_\_ Gender Male Female  
 Last Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 Zip Code **99** \_\_\_\_\_ other: \_\_\_\_\_ City \_\_\_\_\_  
 State **AK** other: \_\_\_\_\_ Phone # \_\_\_\_\_

**Guardian Information**- must be filled out if person above is under 18 years of age

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

**All persons expecting to receive influenza vaccine must answer these 5 questions**

	YES	NO
1. Are you currently ill today?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you allergic to eggs?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have any other serious allergies? Please list: _____	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever had a serious reaction to a previous dose of flu vaccine?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever had Guillain-Barré Syndrome within 6 weeks after receiving a flu vaccine?	<input type="checkbox"/>	<input type="checkbox"/>

**For healthy persons aged 2 years to 49 years – please answer these additional questions.**

	YES	NO
6. Have you been vaccinated with any vaccine (not just flu) within the past 30 days? Vaccine: _____ Date given: month _____ day _____ year _____	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you currently taking antiviral medication (examples: Tamiflu or Symmetrel)?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you have any of the following: asthma, diabetes, or disease of the lungs, heart, kidneys, liver, nerves, or blood?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you have a weak immune system (example: HIV, cancer, or taking medications such as steroids or those used to treat cancer)?	<input type="checkbox"/>	<input type="checkbox"/>
10. Are you pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you have close contact with a person who needs care in a protected environment (example: someone who has recently had a bone marrow transplant)?	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you have a muscle or nerve disorder that causes breathing or swallowing problems (example: cerebral palsy)?	<input type="checkbox"/>	<input type="checkbox"/>
13. If your child is between 2 and 5 years of age, has he/she ever had an episode of wheezing during the past year?	<input type="checkbox"/>	<input type="checkbox"/>
14. Is your child on long-term aspirin or aspirin-containing therapy (for example, does your child take aspirin every day)?	<input type="checkbox"/>	<input type="checkbox"/>

**Vaccinating Staff Comments about questions above:**

**For staff use only**

Date of Vaccination		Vaccinator Initials OR Signature	
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**H1N1 Vaccine Administration Recording**

<input checked="" type="checkbox"/>	Type	Manufacturer	Lot Number write in	Site circle one
	Novel H1N1 Injectable, <b>18+ yrs</b>	CSL Biotherapies multi-dose vial		LD RD LT RT
	Novel H1N1 Injectable, <b>36+ mos</b>	Sanofi Pasteur multi-dose vial		LD RD LT RT
	Novel H1N1 Injectable, <b>48+ mos</b>	Novartis multi dose vial		LD RD LT RT
	Novel H1N1 NASAL ( <b>2 to 49yrs</b> )	MedImmune		intranasal
	Novel H1N1 Pres Free, <b>18+ yrs</b>	CSL Biotherapies pre-filled 0.5ml syringe		LD RD LT RT
	Novel H1N1 Pres Free, <b>36+ mos</b>	Sanofi Pasteur pre-filled 0.5ml syringe <b>OR</b> single dose 0.5ml vial		LD RD LT RT
	Novel H1N1 Pres Free, <b>48+ mos</b>	Novartis pre-filled 0.5ml syringe		LD RD LT RT
	Novel H1N1 Pres Free, <b>6-35 mos</b>	Sanofi Pasteur pre-filled 0.25ml syringe		LD RD LT RT

**Seasonal vaccine Administration Recording**

<input checked="" type="checkbox"/>	type	Manufacturer	Lot Number write in	Site circle one
	Pres Free Influenza split <b>6-35 mos</b>	Sanofi Pasteur pre-filled 0.25ml syringe		LD RD LT RT
	Influenza NASAL spray SOA supply is restricted to persons aged <b>2 to 18yrs</b>	MedImmune		intranasal
	Influenza Split <b>36 + mos</b>	Sanofi Pasteur multi-dose vial		LD RD LT RT
	Influenza Split <b>6-35mos</b>	Sanofi Pasteur multi-dose vial		LD RD LT RT
	<b>⚠ if you need to use from a multi-dose vial for this age range give 0.25ml only</b>			
	Influenza Split <b>48 + mos</b>	Novartis multi-dose vial		LD RD LT RT

Note: site will not be recorded into VacTrAK mass clinic website database