



SCANNED

ENTERED

**FLU VACCINE ADMINISTRATION RECORD**

AUG 21 2014

INTO SYTOC

Our medical office may use this form for the required written documentation, or they may record it in your medical record. They will record what vaccine was given, date it was given, the name of the company that made the vaccine, the vaccine's special lot number, the name and title of the person who administered the vaccine, and the address where the vaccine was given.

Information about the person receiving the vaccine:

— Patient's Name: Joe Vaccine PCP AC

— Date of Birth: 10/1/1993

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Joe Vaccine \_\_\_\_\_  
Signature of patient Date 8/20/2014

**FOR OFFICE USE ONLY**

Medical Associates  
100 Boston Road  
Happy, MA 01450

Is Patient allergic to eggs: 0

Was flu information given to patient: YES

Date of Vaccination: 8/20/2014

Vaccine Manufacturer: Norvartis

Vaccine Lot Number: 1411201 Expiration: 05/2015

Site of injection: R

Name and title of vaccine administrator: MX / MA