Seasonal Influenza (Flu) Vaccine Clinic

Personal Information

first name

last name

date of birth (mm/dd/yyyy)

telephone number

email address

MIT ID number, Lincoln Laboratory ID number, or local address if no ID number

Are you 65 years old or older?  

Have you ever had the influenza vaccine before?  

If yes, did you have any adverse reaction to the vaccine?  

Have you ever had an allergic reaction to any vaccine?  

Do you have an allergy to eggs?  

Have you had a fever in the last 24 hours?  

Provider Use Only

injection site:  Left Arm  |  Right Arm

date:  dose:

provider administering vaccine

entered into EMR:  yes  no