

Yale *Health Plan*

2009-2010 Seasonal Flu Clinic Pre-Registration

Remember to wear clothing that allows you to expose your upper arm.

_____	_____	_____
Last Name	First Name	Middle Name
____/____/____	_____	
Month/Day/Year Date of Birth	Local Phone Number	

I am a (please circle one):

YHP Member

Yale Student

Yale Medicare Retiree

Yale Employee (non-YHP)

Are you allergic to eggs? Yes No

Were you ever diagnosed with Guillian-Barré syndrome? Yes No

Have you ever had a serious reaction to any vaccine? Yes No

Do not write in this section

CODE v04.81 Influenza Vaccine 0.5cc IM

Manufacturer: _____ Lot #: _____

Administration Site: L. Deltoid R. Deltoid

Nurse Signature: _____ Date Administered: ____/____/2009