



INFLUENZA VACCINE FORM 2026-2027

Billings Clinic Employee

If you wish to provide your vaccination status for this season, you can do so through the employee health portal.

Please complete this section by printing clearly.

Full Name: _____ Age _____ Birthdate: _____ - _____ - _____

Department: _____ Employee #: _____

*Egg allergy is no longer a contraindication for vaccination.

EMPLOYEE: I have been given/offered a current copy of the CDC Influenza Vaccine Information Statement (VIS) and understand the benefits and risks of flu vaccination. I request that the vaccine be given to me.

Signature: _____ Date: _____ Time: _____

REQUIRED STAFF DOCUMENTATION:

Manufacturer: () GSK-Flulaval Trivalent Lot # _____ Exp. _____

Inactivated Influenza Vaccine per Dosing Chart:

Adult: () 0.5 ml IM (25 gauge 1" needle) () L Deltoid () R Deltoid
() 0.5 ml IM (25 gauge 1 1/2" needle) () L Deltoid () R Deltoid

Manufacturer: () Sanofi Pasteur -FluZone HD (High Dose) Trivalent Lot # _____ Exp. _____

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Adult: () 0.5 ml IM (25 gauge 1" needle) () L Deltoid () R Deltoid
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Administered By: _____ Date/Time: _____
☐ Cerner Entry ☐ Employee Health Form to Employee ☐ CDC vaccine information sheet given/offered to client.

White: Employee

Carbon Copy: Clinical Staff for Documentation Purposes