**Flu Vaccination Authorization Record**

 Manufacturer:

 Lot Number:

Expiration Date:

 Facility Site:

**and FluFIT Log**

*This form must be* ***signed*** *by the vaccine recipient or by the parent, guardian, or*

*other authorized person* ***on the date the vaccine is administered****.*

I have read or had explained to me the "Influenza Vaccine Information Statement." I have had an opportunity to ask questions which were answered to my satisfaction. I understand the benefits and risks of influenza vaccine and request that it be given to me or to the person for whom I am authorized to make this request. If I am between the ages of 50 and 75 and being offered a FIT kit for colorectal cancer screening today, it has been explained to me.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Clinic Staff****Initials** | **Flu Shot****Site** | **Signature**  | **Patient Name / Phone** | **FIT Eligible****Age 50-75,** **no FIT this year, and** **no colonoscopy in 10 yrs** | **FIT Given****To Patient** |  |
|  |  | **1.**  |  | **□ Yes** □ **No** | **□ Yes** □ **No** |  |
|  |  | **2.**  |  | **□ Yes** □ **No** | **□ Yes** □ **No** |  |
|  |  | **3.**  |  |  **□ Yes** □ **No** |  **□ Yes** □ **No** |  |
|  |  | **4.**  |  | **□ Yes** □ **No** | **□ Yes** □ **No** |  |
|  |  | **5.**  |  | **□ Yes** □ **No** | **□ Yes** □ **No** |  |
|  |  | **6.**  |  | **□ Yes** □ **No** | **□ Yes** □ **No** |  |
|  |  | **7.**  |  | **□ Yes** □ **No** | **□ Yes** □ **No** |  |
|  |  | **8.**  |  | **□ Yes** □ **No** | **□ Yes** □ **No** |  |
|  |  | **9.**  |  | **□ Yes** □ **No** | **□ Yes** □ **No** |  |
|  |  | **10.**  |  | **□ Yes** □ **No** | **□ Yes** □ **No** |  |
|  |  |  |  |  |
|  **\_\_\_ Total Flu Shots Given**  |  **Total FIT: \_\_\_\_ Eligible \_\_\_ Given** |