**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** | | | |