



PUTNAM COUNTY
HEALTH DEPARTMENT

P.O. Box 892 11878 Winfield Road
Winfield, WV 25213
(304) 757-2541

Name (PRINTED) _____
(Last) (First) (Middle Initial)

Mailing Address _____

City _____ State _____ Zip _____

Date of Birth _____ Age _____ Gender _____ Race _____
Month/Day/Year Male/Female (optional)

Home Phone # _____ Cell Phone # _____ Work Phone # _____

- | | Yes | No |
|--|--------------------------|--------------------------|
| Is the person to be vaccinated sick today? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the person to be vaccinated have an allergy to eggs, medications, food, latex or to a component of the vaccine? | <input type="checkbox"/> | <input type="checkbox"/> |
| Has the person to be vaccinated ever had a serious reaction after receiving a vaccination? | <input type="checkbox"/> | <input type="checkbox"/> |
| Has a physician ever diagnosed the person to be vaccinated with Guillain-Barré Syndrome (GBS)? | <input type="checkbox"/> | <input type="checkbox"/> |
| For women: Are you pregnant or is there a chance you could become pregnant? | <input type="checkbox"/> | <input type="checkbox"/> |

PLEASE TURN PAGE OVER AND COMPLETE OTHER SIDE

HEALTH DEPARTMENT USE ONLY

PCHD STATE VFC

Influenza
GSK SANOFI
LOT NUMBER/ EXPIRATION
INJECTION SITE: RD LD

Influenza – High Dose
Manufacturer: Sanofi 65 and Older
LOT NUMBER/ EXPIRATION
INJECTION SITE: RD LD

Nurse

Date

