

UPMC Falk Pharmacy Patient Immunization Intake Form

Patient Information: Please PRINT LEGIBLY

Name (First MI Last): _____

Phone: _____ Date of Birth: ___ / ___ / ___ Age ___

Employment and Payment – Please check the section that applies to you and enter your UPMC Health Plan information.

- UPMC Employee (provide hang tag)
- UPMC Health Plan Member ID # _____ (with leading "0s")
 - Non-UPMC Health Plan (bill employee health)
- University of Pittsburgh Employee
- UPMC Health Plan Member ID # _____ (with leading "0s")
 - Cash Pay
- University of Pittsburgh Student
- UPMC Health Plan Member ID # _____ (with leading "0s")
- Note: If not a UPMC Health Plan Member go to Student Health
- Other/Non-employee
- UPMC Health Plan Member ID # _____ (with leading "0s")
 - Cash Pay

Screening Questions for Influenza Vaccine

Answering yes to any of the following questions does not necessarily mean you should not be vaccinated. Additional questions may need to be asked to assess if it is safe for you to receive the Influenza Vaccine today.

Are you sick today?	Yes	No
Do you have any allergies to medications, food (i.e. eggs) or any vaccine?	Yes	No
Have you had a serious reaction after receiving any vaccination?	Yes	No
Have you received any other vaccinations in the past 4 weeks?	Yes	No
If yes, name of vaccine:		

To be completed by vaccinator:

Over 50 yo Vaccine	Manufacturer	Lot Number	Exp. Date	Dose	Site (circle)	Date Admin
Flublok®	Sanofi	QFAA2107	5/31/21	0.5 mL	L R Deltoid	/ /21

Under 50 yo Vaccine	Manufacturer	Lot Number	Exp. Date	Dose	Site (circle)	Date Admin
Flucelvax®	Seqiris	309616	5/31/21	0.5 mL	L R Deltoid	/ /21

Immunizer: _____