

JOHNS HOPKINS

UNIVERSITY & MEDICINE

INJECTABLE INFLUENZA VACCINE ADMINISTRATION RECORD 2024-2025

****Please print legibly****

Name: _____ Date of Birth: _____
 E-mail: _____ Phone: _____
 JHED ID: _____ Department: _____

PLEASE CHECK YOUR AFFILIATION:

JHH JHHS JHHCG JH Bayview Sibley All Children's JHU Faculty/Staff Volunteer
 JHHP JHHCMC JHCP Suburban BSI Intrastaff JHU Student Other _____

QUESTIONS (choose appropriate answer):

(Answering yes does not necessarily mean you should not be vaccinated. It just means additional questions may be asked.)

- | | | |
|---|-----|----|
| 1. Do you have an allergy to latex? | Yes | No |
| 2. Do you have an allergy to Thimerosal? | Yes | No |
| 3. Do you have an allergy to eggs or to a component of the vaccine? | Yes | No |
| 4. Have you ever had a serious adverse reaction to a flu vaccination? | Yes | No |
| 5. Have you had Guillain-Barre syndrome within 6 weeks of a previous influenza vaccination? | Yes | No |

CONSENT

I have read, or had explained to me, the information in the Influenza Vaccine Information Statement (VIS) about the **Inactivated Influenza Vaccine** dated **8/6/2021**. I had a chance to ask questions that were answered to my satisfaction. I understand the benefits and risks of receiving the Influenza vaccine and consent to having the vaccine given to me.

SIGNATURE: _____

 Date Vaccine Administered: _____ Manufacturer: Sanofi Glaxo Smith-Kline Other _____

Lot Number: _____ Expiration date: _____ Site: L deltoid R deltoid Route: IM

Signature of Vaccine Administrator: _____ Print name: _____

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Howard County Campus OH 11085 Little Patuxent Pkwy, Suite 104 Columbia MD, 21044 Phone: 410-740-7838 Fax: 410-740-7685 Email: hqchemployeehealth@jhmi.edu	JHHP at Live Well Clinic 7231 Parkway Drive, Ste 100 Hanover, MD 21076 Phone: 410-424-4886 Fax: 410-762-5965 Email: jpaydo@jhhp.org	Sibley Campus OH 5255 Loughboro Rd. NW, Building B, Ground FL Washington, DC 20016 Phone: 202-537-4265 Fax: 202-537-4442 Email: SMH-Occ-Health@jh.edu	Suburban Campus OH 8600 Old Georgetown Rd, 4th floor Bethesda, MD 20814 Phone: 301-896-3167 Fax: 301-897-1355 Email: smployeehealth@jhmi.edu

The 2024-25 trivalent egg-based Influenza Vaccine strains are A/Victoria/4897/2022 (H1N1)pdm09-like virus; A/Thailand/8/2022(H3N2)-like virus; B/ Austria/1359417/2021-like virus (B/Victoria lineage).

The 2024-25 cell-based Influenza Vaccine strains are A/Wisconsin/67/2022 (H1N1)pdm09-like virus; A/Massachusetts/18/2022 (H3N2)-like virus; B/ Austria/1359417/2021-like virus.