



STACY L. WANEKA, M.D., INC.

Diplomate, American Board of Family Medicine
Family & Travel Medicine

To be completed by office staff:

_____ ml of Influenza Vaccine given in _____ muscle by _____.

Date Given _____ Lot Number _____ Mfg. _____ Exp. _____

* If the patient responds yes to any of these questions DO NOT GIVE VACCINE

*** If the patient responds yes to any of these questions, check with a provider before giving the vaccine.