



**Intake**

**Informant/Relationship**

**Vitals**

Temperature  °F      Method

Weight  lbs  oz

More

**Immunization Notes**

Make All:

Yes No NA

Immunization informed consent

Flu from completed

First flu vaccine; patient under 9 years old

Allergy to egg

History of Asthma and uses controller medication

History of other medical condition

Notes

add item

**Immunizations**

Immunization History



There are no immunizations recorded for this patient

Ordered

Immunization Orders

**Navigational Anchors in Flu Vaccine**

- 1. Intake
- 2. Immunization Notes
- 3. Immunizations