

PLEASE FILL OUT ALL SECTIONS OF THIS FORM

SCREENING QUESTIONNAIRE FOR INACTIVATED INJECTABLE INFLUENZA VACCINATION

For adult patients as well as parents of children to be vaccinated: The following will help us determine if there is any reason we should not give you or your child inactivated injectable influenza vaccination today. If you answer "yes" to any question, it does not necessarily mean you (or your child) should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please contact your healthcare provider to explain it.

	Yes	No	Don't Know
1. Is the person to be vaccinated sick today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the person to be vaccinated have an allergy to eggs or to a component of the vaccine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the person to be vaccinated ever had Guillain-Barré syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Print Name: _____

Date of Birth: _____

Phone Number: _____

Address: _____

Insurance Provider: _____

Member ID: _____

***** PLEASE ALSO PROVIDE A COPY OF YOUR INSURANCE CARD *****

***By signing, I hereby consent to receive the FLU (INFLUENZA) VACCINE.
I understand that my insurance may not cover the vaccine,
in which case, I will be responsible for the cost.***

Signature: _____

Date: _____