Screening Questionnaire for Injectable Influenza Vaccination

Clinic Use Only:

_____Use **VFC**

For adult patients as well as parents of children to be vaccinated: The following questions will help us determine if there is any reason we should not give you or your child the influenza vaccine 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 ask your healthcare provider to explain it.

	Yes	No	Don'tKnow
1. Is the person to be vaccinated sick today?	☐	☐	☐
2. Does the person to be vaccinated have an allergy to eggs or to a component of the vaccine?	☐	☐	☐
3. Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past?	☐	☐	☐
4. Has the person to be vaccinated ever had Guillain-Barré syndrome?	☐	☐	☐

I give the consent for the influenza vaccination to be administered to:

PATIENT'S FIRST AND LAST NAME **DATE OF BIRTH**

_____ _____/_____/_____

_____ _____/_____/_____

_____ _____/_____/_____

_____ _____/_____/_____

_____ _____/_____/_____

_____ _____/_____/_____

I have read and completed the above Vaccine Information Statement for the flu vaccine. I know the benefits and the risks of the vaccine. I have had a chance to ask questions about the disease, the vaccine and how the vaccine is given. I know that the person receiving the vaccine will have the vaccine put into his or her body to prevent an infectious disease.

_____ _____/_____/_____

Signature of Parent or Guardian **Date**