

844 Ritchie Highway  
Suite 206  
Severna Park, MD 21146-4137



PEDIATRICS AND INTERNAL MEDICINE

Phone: 410-647-8300  
Fax: 410-315-8444  
After Hours: 443-481-3061

## Screening Questionnaire for Inactivated Injectable Influenza Vaccination

The following questions 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 ask your healthcare provider to explain it.

**IF ANYONE IN THE VEHICLE OR HOUSEHOLD HAS COVID 19 OR HAS HAD A CLOSE CONTACT EXPOSURE TO ANYONE WITH COVID 19 IN THE PAST 14 DAYS, YOU CANNOT RECEIVE AN INFLUENZA VACCINE AND CANNOT ATTEND THIS CLINIC!**

Patient's name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_  
Home address: \_\_\_\_\_ Cell#: \_\_\_\_\_

**Please circle one answer:**

- |   |                      |
|---|----------------------|
| 1. Is the patient sick today?   | <b>Yes No Unsure</b> |
| 2. Does the patient have an allergy to latex, eggs or to a component of the vaccine?                              | <b>Yes No Unsure</b> |
| 3. Has the patient ever had a serious reaction to influenza vaccine in the past, including fainting or dizziness? | <b>Yes No Unsure</b> |
| 4. Has the patient ever had Guillain-Barré syndrome from an influenza vaccine in the past?                        | <b>Yes No Unsure</b> |

**Vaccine Administration Record and Waiver of Liability:** The 2020-2021 Influenza vaccine information sheet (VIS) has been made available. I have had the chance to ask questions and received satisfactory answers. I understand the benefits and risks of the influenza vaccine and consent to the vaccine administration.

Form completed by: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

Form reviewed by: \_\_\_\_\_ Job Title: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Patient can receive influenza vaccine today  Patient is NOT able to be vaccinated today

Comments: \_\_\_\_\_

Patient's temperature at time of vaccine: \_\_\_\_\_

Administered \_\_\_\_\_ Lot# \_\_\_\_\_ Exp. \_\_\_\_\_

NDC \_\_\_\_\_ by IM Route in the \_\_\_\_\_ Deltoid or \_\_\_\_\_ Quadricep

Administered by: \_\_\_\_\_