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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 contact the office prior to the vaccine clinic.

Appointment date:_____________ Time:____________

Patient's name:____DOB:________________
Parent/Guardian's name:____________________________________Cell#:________________

Please circle one answer:

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

Vaccine Administration Record and Waiver of Liability: The 2024-2025 Influenza vaccine information sheet (VIS) has been made available prior to receiving the vaccine. 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:______________________________JobTitle:_______Date:_____________

FOR OFFICE USE ONLY:

Patient's temperature at time of vaccine:________

Administered ________________________________ Lot#____________ Exp.06/30/2025

IM Route in the ______Deltoid or ______Quadricep

Administered by:______________________