



Patient Name: _____ Date of Birth: _____

Screening Questionnaire for Injectable Influenza Vaccination

The following questions will help us determine if there is any reason we should not give your child the injectable influenza vaccination today. If you answer “yes” to any question, it does not necessarily mean your child should not be vaccinated. It simply means additional questions must be asked. If a question is not clear, please ask our clinical staff to explain it.

| | Yes | No | Unknown |
|--|-----|----|---------|
| 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 the influenza vaccine in the past? | | | |
| 4. Has the person to be vaccinated ever had Guillain-Barré syndrome? | | | |

Form completed by:(Please Print) _____

Signed: _____ Date: _____

Office Use Only

Reviewed by: _____ Date: _____

