



Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Insurance Company \_\_\_\_\_

## 2022-2023 Screening Questionnaire for Injectable Influenza Vaccination

**You CANNOT get the flu vaccine if you have been in contact with someone with COVID 19 within the past 2 weeks, have been exposed to someone who is awaiting COVID 19 test results, or are currently experiencing sick symptoms.**

**For parents of children to be vaccinated:** 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 your healthcare provider 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: \_\_\_\_\_ Date: \_\_\_\_\_

Vaccine Given by: \_\_\_\_\_ Site : \_\_\_\_\_