Patient Name: _____ Date of Birth: ___/___/___

Insurance Company_____

Screening Questionnaire for Injectable Influenza Vaccination

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 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 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: _____

- Office use only:

Form reviewed by: _____ Date: _____

Chart #_____

Charges entered by: _____

Revised 10/2013