

INFLUENZA VACCINE QUESTIONNAIRE FOR THE FLU SHOT (6 months and older)

Today's Date _____

Name _____ Date of Birth _____ Age _____

The following questions will help us determine if there is any reason we should not give you or your child the flu shot 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 the medical assistant to explain it. Please answer yes or no to the following questions:

	Yes	No	Comments
1. Are you or your child currently sick with more than a mild illness?			
2. Have you or your child ever had an allergic reaction, or any other reaction, to any influenza vaccine?			
3. Have you or your child ever had Guillain-Barre Syndrome?			

I acknowledge that I have received the Vaccine Information Sheet entitled "Inactivated Influenza Vaccine. Based on your answer to the above questions, the medical assistant will let you know if your child needs a second dose of vaccine this season. If your child needs a second dose, please schedule it today, at least four weeks after today's dose. If you have any questions, please ask the medical assistant.

Signature _____

Relationship to patient _____
(Must be legal guardian if patient is less than 18 years old)

Form reviewed by _____

Please check the office you are scheduled at for the flu vaccine.

Mayfield Heights Garfield Heights Bainbridge Broadview Heights Twinsburg