Screening Checklist
For Contraindications
To Inactivated Injectable Influenza Vaccination

For patients (both children and adults) to be vaccinated: 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 ask your healthcare provider to explain it.

	Yes	No	Don't know
1. Is the person to be vaccinated sick today?	☐	☐	☐
2. Does the person to be vaccinated have an allergy to a component of the vaccine?	☐	☐	☐
3. Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past?	☐	☐	☐
4. Has the person to be vaccinated ever had Guillain-Barre syndrome?	☐	☐	☐

Please List all family members that will be receiving the FLU shot today:

Name, Last name and DOB (if all family members have the same last name, please write the last name on the first family member on the list)

1. _____ DOB:_____ 6:_____ DOB: _____

2._____ DOB:_____ 7:_____DOB:_____

3:_____ DOB:_____ 8:_____DOB:_____

4:_____ DOB:_____ 9:_____DOB:_____

5:_____ DOB _____ 10:_____DOB:_____

Parent/ Guardian Signature:_____ Todays Date:_____

----------Office use only----------

Medical office personal signature _____