Pediatric Junction, PA

ADULT NON-PATIENT
FLU VACCINE SCREENING QUESTIONNAIRE

TODAY'S Date: _____

Name:_____ DOB: _____

FOR FLU SHOT and FLU MIST ANSWER THE FOLLOWING QUESTIONS
Does the person getting the vaccine today have any of the following:

- **A SEVERE allergy to eggs (hives or anaphylaxis)? Ask for an Egg Allergy Info sheet for more information.** **YES NO**
- **A history of Guillian-Barre syndrome within 6 weeks of receiving a flu vaccine?** **YES NO**
- **A moderate or severe illness?** **YES NO**
- **Had previous problems with the flu vaccine?** **YES NO**

FOR FLU MIST ONLY ANSWER THESE ADDITIONAL QUESTIONS (if answering YES to any of these below, you will not be able to get the MIST version of the Flu vaccine)

(FluMist is a live, intranasal Flu Vaccine)

- **Are you 50 years and older?** **YES NO**
- **Do you have any chronic problems (diabetes, asthma, seizure disorder?)** **YES NO**
- **Are you pregnant or could you become pregnant in next 4 weeks?** **YES NO**
- **Are you taking any antiviral medications such as Tamiflu or Relenza?** **YES NO**
  FYI: If the person receiving FluMist today begins a course of antiviral therapy within 2 weeks AFTER receiving the FluMist, he/she should be REVACCINATED.
- **Are you IMMUNOSUPPRESSED (have HIV/AIDS, undergoing chemotherapy, on high-dose course of steroids)? Do you live with or have close contact with such a person?** **YES NO**

By signing below, I attest that the above information is true and correct. Non-Pediatric Junction recipients of the vaccine will need to pay for the vaccine at the time of service.

_____
Signature and Date

FOR INTERNAL USE ONLY:

DOSE GIVEN:

3+ years	0.50cc IM (1 to 2doses)* (Preservative Free)
2+ years	FluMist – Live Virus Intranasal Vaccine *
18yr to 64yr	Intradermal Flu Vaccine

ADMINISTRATION: R L DELTOID INTRADERMAL

MANUFACTURER:

affix vaccine sticker here

_____
Staff Signature and Date

VIS given – 7/26/11
LAST UPDATED 9/19/11