

**INFLUENZA VACCINE QUESTIONNAIRE
FOR THE FLU SHOT
2023/2024
(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
Has the patient already received the influenza vaccine this season?			
Is the patient less than 6 months in age?			
Does the patient have an allergy/sensitivity to influenza vaccine?			
Does the patient have an allergy to latex?			
Has the patient received a solid organ transplant in the past 3 months?			
Does the patient have an allergy to gelatin or eggs?			
Does the patient have an allergy to Gentamicin?			
Has the patient been diagnosed Guillain-Barre within 6 weeks after a previous flu vaccine?			

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 _____