



## Screening Checklist for Contraindications to Inactivated Injectable Influenza Vaccination

**For patients to be vaccinated:** The following questions will help us determine if there is any reason we should not give you a flu vaccine today. If you answer “yes” to any questions, it does not necessarily mean you should not be vaccinated. It means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

BEAR #: \_\_\_\_\_

1. Are you sick today?  Yes  No
2. Do you have an allergy to any component of the flu vaccine, including egg protein?  
 Yes  No  Don't know
3. Have you ever had a serious reaction to a flu vaccine in the past?  Yes  No
4. Have you ever had Guillain-Barre Syndrome?  Yes  No  Don't know

Signature \_\_\_\_\_ Date 10/17/2018

### CLINIC USE ONLY

IMMUNIZATION: Flulaval Quadravalent Influenza VIS EDITION DATE: 8-7-2015

MANUFACTURER: GSK MA NAME: \_\_\_\_\_

LOT#/EXPIRATION DATE: 59TS2 05/2019 DATE GIVEN: 10/17/2018

**CIRCLE ROUTE:** INTRAMUSCULAR SUBCUTANEOUS INTRANASAL INTRADERMAL ORAL

**CIRCLE SIITE:** Arm/Deltoid R L Thigh/Anterolateral R L Dorsogluteal R L