

Screening Questionnaire for Immunization

For Inactivated Influenza Vaccine

The following questions will help us determine if you can be vaccinated today. Please answer the best you can. If a question is not clear, please ask your nurse to explain it.

	Yes	No	Don't Know
1. Are you moderately or severely ill today? <i>Mild illnesses (such as upper respiratory infections or diarrhea) are NOT contraindications to vaccination. Do not withhold vaccination if a person is taking antibiotics.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever had an anaphylactic or allergic reaction to a previous dose of Influenza (flu) vaccine? <i>An anaphylactic or allergic reaction would include symptoms such as hives, wheezing or difficulty breathing, circulatory collapse or shock (not fainting), or a temperature $\geq 103^{\circ}\text{F}$.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had an anaphylactic or allergic reaction to:			
◆ Thimerosal (a preservative in some vaccines)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◆ Eggs or egg products?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◆ Gelatin?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◆ Latex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever had Guillain-Barre syndrome? <i>An illness with sudden muscle weakness & some loss of senses in the fingers and toes.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>