



Patient's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

## Screening Questionnaire for Influenza Vaccination

The following questions will help us determine if there is any reason we should NOT give your child influenza vaccination today. Please circle one answer to the following questions.

|   |     |    |            |
|---|-----|----|------------|
| Did the person to be vaccinated have seasonal influenza vaccine in 2013-2014?                                   | Yes | No | Don't Know |
| Has the person to be vaccinated had a fever in the last 24-48 hours or been sick today?                         | Yes | No | Don't Know |
| Does the person to be vaccinated have an allergy to eggs or to a component of the vaccine?                      | Yes | No | Don't Know |
| Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past?                   | Yes | No | Don't Know |
| Is the person to be vaccinated over 2 years old?  | Yes | No |            |
| Is the person to be vaccinated over 50 years old?   | Yes | No |            |
| Does the person to be vaccinated have any history of wheezing/asthma in the past 6 months?                      | Yes | No |            |
| Is the person to be vaccinated currently taking aspirin daily?  | Yes | No | Don't Know |
| Has the person to be vaccinated taken Tamiflu in the past 48 hrs?   | Yes | No | Don't Know |
| Has the person to be vaccinated received any live vaccines in the last 4 weeks? (MMR/Chickenpox)                | Yes | No | Don't Know |
| Does the person to be vaccinated have a chronic disease?  | Yes | No |            |
| Is the person to be vaccinated in contact with someone whose immune system is suppressed? (HIV, cancer therapy) | Yes | No |            |
| Would you like FluMist if available and appropriate?  | Yes | No |            |
| Is the person to be vaccinated pregnant?  | Yes | No | Don't Know |

### Influenza Vaccination Policy

Our office will file with your insurance for the administration of the influenza vaccination. If your insurance deems this as a non-covered expense, then you will be billed \$29 for standard Influenza vaccination and \$39 for nasal Flu Mist vaccination.

Patient: \_\_\_\_\_  
(Please Print Name)

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### FOR OFFICE USE ONLY

I have reviewed the above questionnaire:

#### Mist:

Flu Mist (2 years old - Adult) PFQ 90672

#### Injection

6 months- 35 months: 90685PFQ  
 3 years old – Adult: 90656PFT

Needs another flu vaccine in \_\_\_\_\_ weeks

Physician Signature: \_\_\_\_\_