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 2015-2016?  
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

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 hours?  
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

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 $30 for standard Influenza vaccination.

FOR OFFICE USE ONLY

I have reviewed the above questionnaire:

Injection:

☐ 6 months - 35 months: 90685 - PFQ

☐ 3 years old - Adult: 90686 - PFQ

☐ 3 years old - Adult: 90688 - Q

Needs another flu vaccine in ______ weeks

Physician Signature: ________________________________