

Patient name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
(month) (day) (year)

### Screening Questionnaire for Inactivated Injectable Influenza Vaccination (Fluzone, Flulaval, Afluria, Fluarix, Flucelvax)

**For adult patients as well as parent of children to be vaccinated:** The following questions will help us determine if there is any reason we should not give you or your child an inactivated injectable influenza vaccination 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 your healthcare provider to explain it.

	Yes	No	Don't Know
1. Is the person to be vaccinated sick today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the person being vaccinated have an allergy to <b>eggs, thimerosal, neomycin, polymixin, gelatin, formaldehyde, formalin, beta-propiolactone, nonyl, or octyl phenol ethoxylate (Triton), sodium taurodeoxycholate, sodium deoxycholate, polysorbate 80, cetyltrimethylammonium bromide, Madin Darby Canine Kidney (MDCK) cell protein/DNA, gentamicin, ovalbumin hydrocortisone, octoxynol-10, α-tocopheryl hydrogen succinate sodium phosphate, calcium chloride, potassium chloride, potassium phosphate, sucrose or latex?</b> <i>(There is NO latex in multi-dose flu vials.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the person being vaccinated ever had a serious reaction to influenza vaccine in the past?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the person been vaccinated ever had Guillain-Barre' syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. <b>For California, New York, Missouri, Delaware and Washington ONLY</b> – Are you pregnant or younger than 3 years old? (younger than 8 years old for Delaware)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Form completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Form reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Final vaccine composition to be determined by the U. S. Vaccines and Related Biological Products Advisory Committee (VRBPAC). Concentra does not guarantee the effectiveness of the influenza vaccine.