

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date: \_\_\_\_\_

Complete Address: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

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|--|-----|----|
| 1. Is the person to be vaccinated sick today?  | Yes | No |
| 2. Does the person to be vaccinated have an allergy to a component of the vaccine?               | Yes | No |
| 3. Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past? | Yes | No |
| 4. Has the person to be vaccinated ever had Guillain-Barré syndrome?                             | Yes | No |
| 5. Is the person to be vaccinated allergic to eggs or egg products?                              | Yes | No |
| 6. Is the person to be vaccinated allergic to latex?   | Yes | No |
| 7. If younger than 8 years of age, how many flu shots has the child received in their lifetime?  |     |    |

0 shots     1 shot     2 shots or more     N/A

*\*It is recommended by the CDC that children younger than 8 years old who have received 1 or less flu shots, receive a second dose at least 28 days after the first dose to optimize response.*

**I/My child has been offered the Influenza Vaccine to protect against seasonal influenza. I/My child have received a copy of the Vaccine Information Statement (VIS) and have read and/or had the information therein explained. I have been advised that the person to be vaccinated should remain in the area for 15 minutes after the vaccination for observation.**

**I have chosen to receive the vaccine or I consent for my child to receive the vaccine. I attest that the above information is correct.**

Patient or Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*For Internal Use Only**

Date Administered:		Client:	
Vaccine Manufacturer: (circle one)	Afluria-QUAD (36 months and older)	Location of Clinic or Flu Clinic:	
Dose:	0.5 mL		
Exp. Date/Lot Number:			
Site Injection Given: IM	RIGHT Deltoid	LEFT Deltoid	Other _____
VIS Given:	Yes	Date of VIS: 8/06/2021	
Administered by:			
Clinical Double Check:	Signature: _____		

Clinician consult and signature is **required** to proceed with immunization if "Yes" was on any of the above questions.

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

## Information for Healthcare Professionals about the Screening Checklist for Contraindications to Inactivated Injectable Influenza Vaccination (IIV or RIV)

*Are you interested in knowing why we included a certain question on the screening checklist? If so, read the information below. If you want to find out even more, consult the “Note” below.*

**note:** For supporting documentation on the answers given below, go to the ACIP vaccine recommendation found at the following website: [www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/flu.html](http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/flu.html)

### 1. Is the person to be vaccinated sick today?

There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events. People with a moderate or severe illness usually should not be vaccinated until their symptoms have improved. Minor illnesses with or without fever do not contraindicate use of influenza vaccine. Do not withhold vaccination if a person is taking antibiotics.

### 2. Does the person to be vaccinated have an allergy to a component of the vaccine?

All vaccines, including influenza vaccines, contain various components that might cause allergic reactions, including anaphylaxis. Not all such reactions are related to residual egg protein; however, the possibility of a reaction to influenza vaccines in egg-allergic people might be of concern to both these people and vaccine providers.

An egg-free recombinant influenza vaccine (RIV4, Flublok; Sanofi Pasteur) is available for people age 18 years and older and an egg-free cell culture-based IIV (cclIV4, Flucelvax; Seqirus) is approved for people age 4 years and older. ACIP does not state a preference for the use of RIV4 or cclIV4 for people with egg allergy although some providers may choose to administer RIV4 or cclIV4 to their patients with a history of severe egg allergy.

Reviews of studies of egg-culture based IIV and LAIV indicate that severe allergic reactions to egg-based influenza vaccines in people with egg allergy are unlikely. ACIP recommends that people with a history of egg allergy who have experienced only hives after exposure to egg may receive any

recommended influenza vaccine (IIV, RIV4, LAIV4) appropriate for their age and health status.

In people with a history of severe egg allergy who report symptoms other than hives (e.g. angioedema, respiratory distress, recurrent vomiting) or who required emergent medical intervention (e.g., epinephrine) may also receive any recommended influenza vaccine appropriate for their age and health status. If a vaccine other than cclIV4 (Flucelvax) or RIV4 (Flublok) is used, it should be administered in a medical setting (e.g., a health department or physician office) and supervised by a healthcare provider who is able to recognize and manage severe allergic

Providers should consider observing all patients for 15 minutes after vaccination to decrease the risk for injury should they experience syncope.

Inactivated influenza vaccines provided in multidose vials contain thimerosal as a preservative. Most people who had sensitivity to thimerosal when it was used in contact lens solution do not have reactions to thimerosal when it is used in vaccines. Check the package insert at [www.immunize.org/fda](http://www.immunize.org/fda) for a list of the vaccine components (i.e., excipients and culture media) used in the production of the vaccine, or go to [www.fda.gov/vaccines-blood-biologics/vaccines/vaccines-licensed-use-united-states](http://www.fda.gov/vaccines-blood-biologics/vaccines/vaccines-licensed-use-united-states).

For the 2020–2021 influenza season, no vaccine or packaging contains latex.

**3. Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past?**

Patients reporting a serious reaction to a previous dose of inactivated influenza vaccine should be asked to describe their symptoms. Immediate – presumably allergic – reactions are usually a

contraindication to further vaccination against influenza.

Fever, malaise, myalgia, and other systemic symptoms most often affect people who are first-time vaccinees. These mild-to-moderate local reactions are not a contraindication to future vaccination. These people can receive injectable vaccine without further evaluation.

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**4. Has the person to be vaccinated ever had Guillain-Barré syndrome?**

People who are not at high risk for severe influenza complications and who are known to have developed Guillain-Barré syndrome (GBS) within 6 weeks after receiving a previous influenza vaccination should not be vaccinated. As an alternative, clinicians might consider using influenza

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antiviral chemo-prophylaxis for these people. Although data are limited, the established benefits of influenza vaccination for the majority of people who have a history of GBS, and who are at high risk for severe complications from influenza, justify yearly vaccination.