MaineHealth
Medical Group

INACTIVATED Influenza Vaccine for PATIENTS Screening Questionnaire

For adult patients (and parents or caregivers 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 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 may be asked. If a question is not clear, please ask your healthcare provider to explain it.

Patient Name (please print): _____ DOB: _____ Age: _____

Mailing Address: _____ Phone Number: _____

Primary Care Provider: _____ Employer or School: _____

MaineHealth Employee or Volunteer: ☐ No ☐ Yes

Medical History

Serious allergic reaction to previous influenza vaccine	☐ No	☐ Yes	Explain: _____
Serious allergy to gentamicin (Fluarix only)	☐ No	☐ Yes	Explain: _____
History of Guillain-Barre Syndrome within 6 weeks of previous influenza vaccine	☐ No	☐ Yes	Explain: _____
Moderate or severe acute illness with or without fever	☐ No	☐ Yes	Explain: _____

Note: Egg allergy is <u>not</u> a contraindication or precaution to administration of any influenza vaccine, therefore additional safety measures beyond those recommended for receipt of any vaccine are not recommended.

Section to be Completed by Vaccine Administrator

Vaccine	Manufacturer	Lot	Expiration	Dose	Route of Administration	Date of Administration

VIS published date: _____

VIS given to: ☐ Patient ☐ Parent ☐ Guardian

Vaccine Administrator
Name: _____
Signature: _____