



Client Screening Questionnaire and Acknowledgement Form for Inactivated Injectable Influenza Vaccination

Client Name: _____ Date of Birth: _____



Screening Questionnaire for Inactivated Injectable Influenza Vaccination

Adult patients wanting to be vaccinated: The following questions will help us determine if there is any reason we should not give you inactivated injectable influenza vaccine today. If you answer "yes" to any question, it does not necessarily mean you 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.	Are you sick today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Do you have an allergy to eggs or to any component of the vaccine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Have you ever had a serious reaction to influenza vaccine in the past?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Have you ever had Guillain-Barre syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Client Signature: _____ Date: _____

Nurse Signature: _____ Date: _____

