

Patient Name: _____

Date of Birth: _____

Age: _____

Screening Checklist for Contraindications to Inactivated Injectable Influenza Vaccination

For patients (both children and adults) 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 must be asked. If a question is not clear, please ask your health care 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 to be vaccinated have an allergy to eggs or to a component of the vaccine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the person to be 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 to be vaccinated ever had Guillain-Barré syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Form completed by: _____
Must be 18 or older

Date: _____

Relationship to patient: _____

Office use only:

R) ARM

R) THIGH

L) ARM

L) THIGH

Form reviewed by: _____ Date: _____

www.immunize.org · www.vaccineinformation.org

www.immunize.org/catg.d/p4066.pdf · Item #P4066 (8/15)

Technical content reviewed by the Centers for Disease Control and Prevention