

Four Seasons Pediatrics
Seasonal Flu Vaccine Screening Form (2018-2019)

Patient Name: _____ Date of Birth: _____

Please complete the questions below

*If you answer "yes" to any question, it does not necessarily mean you should not be vaccinated.
It may mean we need to ask more questions.*

Is the patient sick today? <i>Mild illness does not preclude vaccination</i>	___ No ___ Yes
Does the patient have an allergy to eggs or to a component of the vaccine? <i>If yes, it is still safe to receive the Flu vaccine, monitor for reaction</i>	___ No ___ Yes
Has the patient ever had a serious reaction to the flu vaccine in the past? <i>If yes, what type of reaction?</i>	___ No ___ Yes
Has the patient ever had Guillain-Barre syndrome? <i>If yes, we need to discuss the risk benefit of the vaccine, (NOT REC IF GBS WITHIN 6 weeks of previous vaccine)</i>	___ No ___ Yes

IF YOU ARE REQUESTING THE FLU MIST, please answer the questions below

Is the patient under 2 or older than 49? <i>If yes, please initial here to request the FluMist offered as an off-label vaccine ()</i>	___ No ___ Yes
Does the patient have a long-term health problem with (heart, lung, kidney, neurologic neuromuscular, liver or metabolic) disease, moderate to severe asthma, anemia or another blood disorder? <i>If yes, you can only receive the injection vaccine.</i>	___ No ___ Yes
Does the patient have asthma or has been seen for wheezing in the last 12 months? <i>If yes, we generally recommend the flu shot)</i>	___ No ___ Yes
Does the patient have a weakened immune system due to any disease, long term medications or cancer medications or treatment? <i>If yes, you can only receive the injection vaccine.</i>	___ No ___ Yes
Is the patient receiving aspirin therapy? <i>If yes, you can only receive the injection vaccine.</i>	___ No ___ Yes
Females: Is the patient pregnant or could become pregnant within the next month? <i>If yes, you can only receive the injection vaccine.</i>	___ No ___ Yes
Does the patient live with or have contact with a person that has a weakened immune system and must be in a protective environment? <i>If yes, you can only receive the injection vaccine.</i>	___ No ___ Yes
Has the patient received the MMR, Varicella, FluMist or Yellow fever vaccination within the last 4 weeks? <i>If yes, you can only receive the injection vaccine OR wait 4 weeks from the date of that vaccination.</i>	___ No ___ Yes
Has the patient received the medications Tamiflu or Relenza in the past 48 hours? <i>If yes, you must wait until 48 hours to get the FluMist.</i>	___ No ___ Yes

PLEASE SELECT ONE OF THE BELOW

___ I have reviewed the Vaccine Information Statement online or in the room and do not need a copy

___ I would like a paper copy of the Vaccine Information Statement to take home

Signature of responsible party

Printed name and relationship

Today's Date