

2015-2016 SEASONAL INFLUENZA VACCINATION SCREENING

Please review the following questions. The answers to these questions will help us determine if you can receive the influenza (flu) vaccine. Please ask the medical staff if you are not sure what a question means.

Mark the "YES" column for any yes answers.

SCREENING QUESTIONS FOR ALL PATIENTS	YES ✓
1. Have you ever had a previous severe reaction* to influenza vaccine?	
2. Are you severely allergic* to eggs, or to a vaccine component?	
3. Are you sick today with a fever more than 101.0, fast breathing or fast heart rate?	
4. Have you had Guillain-Barré Syndrome (an illness with paralysis and hospitalization) within 6 weeks of receiving an influenza immunization?	
5. Do you have a history of bleeding problems?	

ADDITIONAL SCREENING QUESTIONS IF YOU ARE 2-49 YEARS OLD	YES ✓
6. If under 20 years old, are you on long term aspirin therapy?	
7. Are you, or could you be pregnant?	
8. Have you been on antiviral medication in the last 48 hours? (Tamiflu®, Relenza®)	
9. Do you have HIV?	
10. Do you have a weak immune system? (HIV/AIDS, cancer, hematological or solid tumor, congenital immunodeficiency, chemotherapy or radiation treatment, short course high dose or long-term immunosuppressive therapy or biologic therapy with injected or IV medications used to treat conditions such as rheumatoid arthritis, ankylosing spondylitis, psoriasis, Crohn's disease, ulcerative colitis)	
11. If you are less than 18 years of age, do you have a history of asthma?	
12. If you are less than 5 years of age, have you had one or more episodes of wheezing in the past year?	
13. Do you have a long-term health problem such as heart, lung or kidney disease, asthma (ages 18-49), neurologic disease, metabolic disorders (such as diabetes), or anemia, or other blood disorders?	
14. Do you have close contact with a person whose immune system is severely compromised and who must be in protective isolation? (such as an isolation room of a bone marrow transplant unit)	
15. Have you received MMR, MMRV, varicella, zoster or yellow fever vaccine in the past 29 days?	

** A severe allergy or reaction may include hives, wheezing, difficulty breathing, circulatory collapse or shock (not fainting).*