

**Adult Screening and Immunization Documentation Form  
2008-2009 Influenza Vaccination Program**

The following questions will help us determine if there is any reason we should not give you the intranasal or the injectable influenza vaccination 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.

<i>Circle answers to questions 1-14:</i>			
1.	Have you ever had a serious reaction to a previous flu shot?	No	Yes
2.	Do you currently have a respiratory illness or a fever?	No	Yes
3.	Are you allergic to eggs, egg protein, or chicken protein?	No	Yes
4.	Do you have an allergy to neomycin, polymyxin, gentamicin, gelatin, or arginine?	No	Yes
5.	Do you have a history of Guillain-Barre Syndrome (GBS)?	No	Yes
6.	Do you have a long-term health problem with heart disease, lung disease, asthma, kidney disease, metabolic disease (e.g. diabetes), anemia, or other blood disorder?	No	Yes
7.	Do you have an active neurological disease?	No	Yes
8.	Are you 50 years of age or older?	No	Yes
9.	Has your doctor ever told you that you have an immune system disorder or are you taking long-term steroid treatment?	No	Yes
10.	Do you have HIV, AIDS, cancer, or have you received an organ transplant?	No	Yes
11.	Are you pregnant or planning to become pregnant in the next month?	No	Yes
12.	Have you received any vaccines within the last 30 days or do you plan to receive any vaccines in the next four weeks?	No	Yes
13.	Are you taking any prescription medicines to prevent or treat influenza?	No	Yes
14.	Do you live with or expect to have close contact with severely immunocompromised individuals and who must be in a protective environment (such as transplant recipients)?	No	Yes

"I have read or have had explained to me the information in the influenza Vaccine Information Statement (VIS). I have also had a chance to ask questions and they were answered to my satisfaction. I understand the benefits and risks of the influenza vaccine."  
Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

**Below to be complete by healthcare provider**

<input type="checkbox"/> <b>Give injectable flu vaccine today</b> <input type="checkbox"/> <b>Give intranasal FluMist today</b> <input type="checkbox"/> <b>Do not administer flu vaccine today</b>	<u>Vaccine Information Statement</u> (circle one) Inactivated Influenza Vaccine 7/24/2008 Live, Attenuated Influenza Vaccine 7/24/2008	
	All patient questions were addressed and patient verbalized understanding.	
<b>Comments</b>	<b>Interviewer's Signature</b>	<b>Date</b>

**Vaccine Administered:**

<input type="checkbox"/> <b>Live Intranasal Influenza</b> (FluMist, MedImmune) Lot # _____ Dose: 0.2 ml Route: Intranasal	<input type="checkbox"/> <b>Inactivated Influenza</b> (FLULAVAL, GSK) Lot # _____ Dose: 0.5 ml Route: IM Left Deltoid
<input type="checkbox"/> <b>Inactivated Influenza</b> (Afluria, CSL) Lot # _____ Dose: 0.5 ml Route: IM Left Deltoid	<input type="checkbox"/> <b>Inactivated Influenza</b> (Fluzone, Sanofi-Pasteur) Lot # _____ Dose: 0.5 ml Route: IM Left Deltoid
<b>Name:</b>  <b>DOB:</b>  <b>SSN:</b>	<b>Administered by:</b>  <b>Date</b>