

Screening Checklist for Contraindications to Inactivated Injectable Influenza Vaccine

Patient Name: _____ Date of Birth: _____

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.

| | Yes | No | Don't Know |
|---|-----|----|------------|
| Is the person to be vaccinated sick today? | | | |
| Does the person to be vaccinated have any allergy to component of the vaccine? | | | |
| Has the person to be vaccinated ever had a serious reaction to the influenza vaccine in the past? | | | |
| Has the person to be vaccinated ever had Guillain-Barre Syndrome? | | | |
| Does the person to be vaccinated have an allergy to eggs? | | | |
| Does the person to be vaccinated have an allergy to gelatin? | | | |
| Does the person to be vaccinated have an allergy to neomycin? | | | |
| Does the person to be vaccinated have an allergy to latex? | | | |

Form Completed by: _____ Date: _____
(patient, parent, or guardian)

Form Reveiwed by: _____ Date: _____
(staff giving influenza vaccine)

Providing our communities with quality, affordable & accessible healthcare

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