ALL STARR PEDIATRICS

Screening Checklist for Contraindications to Injectable Influenza Vaccination

Patient Name: _____ DOB: _____
Patient Name: _____ DOB: _____
Patient Name: _____ DOB: _____
Patient Name: _____ DOB: _____
Patient Name: _____ DOB: _____

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 the vaccination will not be given. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

1. Is the person to be vaccinated sick today?	Yes	No
2. Does the person to be vaccinated have an allergy to an ingredient of the vaccine?	Yes	No
3. Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past?	Yes	No
4. Has the person to be vaccinated ever had Guillain Barré syndrome?	Yes	No
5. Has the person to be vaccinated ever felt dizzy or fait before, during, or after a shot?	Yes	No
6. Is the person to be vaccinated anxious about getting a shot today?	Yes	No

Parent/Guardian Signature: _____

Today's Date: _____