



# 2018-2019 Influenza Screening Form

<b>AGE</b>	65year (+) Injectable High Dose Vaccine IM	36mos (+)	6mos – 35mos
<b>VACCINE OPTIONS</b>	Fluzone Prefilled High Dose Vaccine IM	Fluzone 0.5ml IM	Fluzone Prefilled Pediatric Vaccine IM

<b>Name:</b>	<b>Date of Birth:</b>	<b>Age:</b>	<b>Address:</b>	<b>Race:</b>	<b>Insurance:</b>	<b>Please also send a copy to:</b> <input type="checkbox"/> WHMC <input type="checkbox"/> GSFH <input type="checkbox"/> PSM <input type="checkbox"/> AGSC <input type="checkbox"/>
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**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 you (or your child) 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.

	<b>YES</b>	<b>NO</b>	<b>DON'T KNOW</b>
1. Is the person to be vaccinated sick today?			
2. Does the person to be vaccinated have an allergy to eggs or a component of the vaccine? Including gelatin			
3. Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past?			
4. Has the person to be vaccinated ever had Guillain-Barre’			

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**Patient / Guardian Signature:**

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**Date:**

OFFICE USE ONLY							
Date Administered:	Vaccine Type:	Vaccine Lot:	Vaccine Exp:	Vaccine Dose:	Site:	VIS Date:	Signature of Vaccine Administrator:

Sources: Screening Questionnaire for Injectable Influenza Vaccination, Immunization Action coalition, [www.immunize.org/catg.d/p4066.pdf](http://www.immunize.org/catg.d/p4066.pdf), Item # P4066 (09/18)  
 2018-2019 Influenza Vaccination Recommendation <https://www.cdc.gov/flu/professionals/acip/2018-2019/2018-19summary.htm>

**\*\*\*See reverse side for information on how to proceed when patient answers ‘YES’ to any of the above questions\*\*\***

**1. Is the person to be vaccinated sick today?**

There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events. People with an acute febrile illness usually should not be vaccinated until their symptoms have improved. Minor illnesses with or without fever do not contraindicate use of influenza vaccine. Do not withhold vaccination if a person is taking antibiotics.

**2. Does the person to be vaccinated have an allergy to eggs or to a component of the vaccine?**

People who have experienced only hives after exposure to egg can get any licensed flu vaccine that is otherwise appropriate for their age and health.

People who have symptoms other than hives after exposure to eggs, such as angioedema, respiratory distress, lightheadedness, or recurrent emesis; or who have needed epinephrine or another emergency medical intervention, also can get any licensed flu vaccine that is otherwise appropriate for their age and health, but the vaccine should be given in a medical setting and be supervised by a health care provider who is able to recognize and manage severe allergic conditions. (Settings include hospitals, clinics, health departments, and physician offices). As of 2016 it is no longer recommended that people with egg allergy be observed for 30minutes after vaccine administration. This recommendation is at the discretion of the patients Primary Care Provider.

Fluzone (Sanofi Pasteur) contains gelatin as a stabilizer; therefore a history of anaphylactic reaction to gelatin is a contraindication.

Some inactivated influenza vaccines contain thimersol as a preservative. Most people who have sensitivity to thimersol in contact lens solutions do not have reactions to thimersol when it is used in vaccines.

Some vaccines also contain latex in the prefilled syringe cap which may cause allergic reactions in latex sensitive people.

Check the package insert or go to [www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf](http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf) for a full list of components used in the production of the vaccine.

**3. Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past?**

Patients reporting a serious reaction to a previous dose of inactivated influenza vaccine should be asked to describe their symptoms. Immediate- presumably allergic – reactions are usually a contraindication to further vaccination against influenza.

Fever, malaise, myalgia, and other systemic symptoms most often affect people who are first time vaccines. These mild to moderate local reactions are not a contraindication to future vaccination. Also, red eyes or mild upper facial swelling following vaccination with inactivated injectable influenza vaccine is most likely a coincidental event and not related to the vaccine; these people can receive injectable vaccine without further evaluation.

**4. Has the person to be vaccinated ever had Guillain-Barre' syndrome?**

It is prudent to avoid vaccinating people who are not at high risk for severe influenza complications and who are known to have developed Guillain-Barre' syndrome (GBS) within 6 weeks after receiving a previous influenza vaccination. As an alternative, physicians might consider using influenza antiviral chemoprophylaxis for these people. Although data are limited, the established benefits of influenza vaccination for the majority of people who have a history of GBS, and who are at high risk for severe complications from influenza, justify yearly vaccination