



Influenza Patient Questionnaire

CHILD'S NAME _____ AGE _____ DATE _____

OFFICE USE ONLY Provider _____	CIRCLE: Insurance: Private Caïd Inject. Full Half / Flumist Site: _____	Nurse initials: _____
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There are two types of vaccine available for the 2010/2011 influenza season. The injected (shot) vaccine and the nasal spray vaccine (Flumist). The injectable is available for all children 6 months of age and older. Flumist is available for healthy children 2 years of age and older. Both are effective and safe. The following questionnaire will help us determine which vaccine is appropriate for your child.

1. Has your child previously received any flu vaccinations?
If your child has not received a prior flu vaccine and is less than 9 years of age, he/she will need to return in 4 weeks for a second dose if vaccine supply allows.
YES NO
2. If your child has received previous flu vaccine, did he/she have any complications when they received the flu vaccine?
YES NO N/A
3. Does your child currently have a fever or severe illness?
YES NO
4. Is your child allergic to eggs, gentamicin or gelatin?
YES NO
5. Does your child have a history of Guillain-Barre' Syndrome?
(Guillain-Barre' Syndrome is a disease in which the body damages its own nerve cells resulting in muscle weakness and sometimes paralysis.)
YES NO
6. Is your child younger than 2 years of age at the time of this vaccination?
If you answer "yes" to this question, **DO NOT** complete the remainder of the questions.
YES NO
7. Has your child received one of the following vaccinations in the past 30 days: MMR vaccine (measles, mumps, rubella), Varicella vaccine (chicken pox), Flumist vaccine?
YES NO
8. Does your child have a diagnosis of asthma, recurrent wheezing or reactive airway disease?
YES NO
9. Is your child receiving aspirin therapy?
YES NO
10. Does your child have a known or suspected immune deficiency?
YES NO
11. Does your child have long-term health problems such as heart, lung, kidney or liver disease, metabolic disease such as diabetes, or blood disorder?
YES NO
12. Does your child have any close contact with individuals who are immunocompromised (example: persons undergoing chemotherapy, diagnosed with HIV, etc.)?
YES NO

Attached to this form is a copy of the Influenza Vaccine Information Statement. Please review it before your child receives their vaccine. It is yours to keep for future reference. Feel free to visit with your nurse about any questions regarding influenza vaccine.

Thank you.