



Influenza Vaccination 2024/25

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 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.

	YES	NO	Don't Know
1. Is the person to be vaccinated sick today? Temperature greater than 100.5 degrees			
2. Does the person to be vaccinated have an allergy to eggs or to a component of the vaccine?			
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-Barré syndrome?			

Form completed by: _____ Date: _____

Site: Right Left Deltoid/Thigh

Brand:

Lot:

Exp:

VIS DATE: 8/6/2021

MNVFC (18yrs or younger) yes no

Entered in CERNER/MIIC _____

Nurse Signature: _____ Date: _____