

FLU VACCINE QUESTIONNAIRE

Name of patient _____

DOB _____

Today's Date _____

What is the Flu Vaccine? The flu vaccine is designed to reduce the risk that your child will develop the strains of flu predicted to be most active during the upcoming flu season (October-March). The CDC recommends that all children 6-59 months receive the flu vaccine this year.

What is the purpose of this questionnaire? The answers to these questions help us determine whether your child can safely receive a flu vaccine.

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| 1. Has your child had the flu vaccine before? | YES | NO |
| 2. If you answered YES to question 1, has your child had an adverse reaction to the flu vaccine in the past? | YES | NO |
| 3. Is your child allergic to chicken eggs? | YES | NO |
| 4. Does your child currently have an illness with a fever? | YES | NO |
| 5. Is your child pregnant or could possibly be pregnant? | YES | NO |
| 6. Has your child been on Steroids in the past 2 weeks? | YES | NO |
| 7. Has your child ever had Guillain-Barre? | YES | NO |
| 8. Have you been provided with a Flu Vaccine Information Sheet? | YES | NO |

Signature _____