

## Screening Questionnaire for Immunization

For Inactivated Influenza Vaccine

The following questions will help us determine if vaccines may be given today. Please answer the best you can. If a question is not clear, please ask your nurse to explain it.

	Yes	No	Don't Know
1. Are you moderately or severely ill today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Mild illnesses (such as upper respiratory infections or diarrhea) are NOT contraindications to vaccination. Do not withhold vaccination if a person is taking antibiotics.</i>			
<hr/>			
2. Have you ever had an anaphylactic or allergic reaction to a previous dose of:			
♦ Influenza (flu) vaccine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
♦ Pneumococcal vaccine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
♦ Tetanus/diphtheria (Td) vaccine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>An anaphylactic or allergic reaction would include symptoms such as hives, wheezing or difficulty breathing, circulatory collapse or shock (not fainting), or a temperature <math>\geq 103^{\circ}\text{F}</math>.</i>			
<hr/>			
3. Have you ever had an anaphylactic or allergic reaction to:			
♦ Thimerosal (a preservative in some vaccines)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
♦ Eggs or egg products?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
♦ Gelatin?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
♦ Latex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>			
4. Have you ever had Guillain-Barre syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An illness with sudden muscle weakness & some loss of senses in the fingers and toes.			

---

---