

INFLUENZA VACCINE QUESTIONNAIRE/CONSENT FORM

Today's Date: _____

Patient: _____ Date of Birth: _____
Last Name First MI

Parent/Guardian: _____
Last Name First MI

Is the patient 18 years of age or younger? Yes No

If yes, please select one of the following for Vaccines for Children eligibility:

- Medicaid
- No Health Insurance
- American Indian or Alaskan Native
- Private Insurance (Not VFC Eligible)
- Underinsured

**Underinsured includes children with health insurance that does not include vaccines or only covers specific vaccine types. Children are only eligible for VFC vaccines that are not covered by insurance. If you are unsure if immunizations are covered, please contact your insurance company.*

	Yes	No
1. Has the person to be vaccinated received an influenza vaccine before?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has the person to be vaccinated ever had a severe reaction to an influenza vaccine?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the person to be vaccinated currently sick or experiencing a high fever?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the person to be vaccinated have an allergy to eggs?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the person to be vaccinated have any allergies that produce a severe (anaphylactic) reaction?	<input type="checkbox"/>	<input type="checkbox"/>
6. Has the person to be vaccinated had Guillain-Barré Syndrome?	<input type="checkbox"/>	<input type="checkbox"/>

If yes to any question(s) please explain: _____

I have been offered a copy of the Vaccine Information Statement(s) (VIS) for the Influenza Vaccine and I understand the risks and side effects associated with the vaccine.

Signature of Patient or Parent/Guardian Date

For Clinic Use Only

	Injection Site
Vaccine Name	<input type="checkbox"/> Right Deltoid
Manufacturer	<input type="checkbox"/> Left Deltoid
Lot Number	<input type="checkbox"/> Right Thigh
Expiration Date	<input type="checkbox"/> Left Thigh

Signature of Nurse/Clinician Date