

# ADULT SCREENING AND IMMUNIZATION DOCUMENTATION FOR 2012-2013 SEASONAL INFLUENZA VACCINATION PROGRAM

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**PLEASE FILL OUT FRONT AND BACK**

<b>LAST NAME:</b>	<b>FIRST NAME:</b>
<b>DOB: DD/MM/YR:</b>	<b>SPONSOR FULL SSN:</b> _ _ _ - _ _ - _ _

**Circle answers to questions 1-11**

<b>1</b>	Do you currently feel sick or have a fever?	<b>NO</b>	<b>YES</b>
<b>2</b>	Have you ever had a serious reaction to a flu vaccine?	<b>NO</b>	<b>YES</b>
<b>3</b>	Do you have a history of Guillian-Barre Syndrome (GBS)?	<b>NO</b>	<b>YES</b>
<b>4</b>	Do you have an allergy to any of the following: eggs, egg protein, MSG, gentamicin, gelatin, arginine, neomycin, polymyxin B, thimerosal, formaldehyde, latex or other vaccine components?	<b>NO</b>	<b>YES</b>
<b>5</b>	Are you pregnant or planning to become pregnant in the next month?	<b>NO</b>	<b>YES</b>
<b>6</b>	Are you 50 years of age or older? (If marked Yes, skip questions 7-11)	<b>NO</b>	<b>YES</b>
<b>7</b>	Do you have a chronic health problem such as: asthma, heart disease, lung disease, kidney disease, metabolic disease (e.g., diabetes) or a blood disorder?	<b>NO</b>	<b>YES</b>
<b>8</b>	Do you have a weakened immune system because of HIV or another disease that affects the immune system, long-term high dose steroid treatments, or cancer treatment with radiation or drugs?	<b>NO</b>	<b>YES</b>
<b>9</b>	Are you taking any prescription medicines to prevent or treat influenza? Have you taken any antivirals in the last 48 hours?	<b>NO</b>	<b>YES</b>
<b>10</b>	Do you live with or have close contact with severely immunocompromised individuals or someone who must be in a protective environment (such as transplant recipients?)	<b>NO</b>	<b>YES</b>
<b>11</b>	Have you received any vaccines within the last 30 days or do you plan to receive any vaccines in the next four weeks? (particularly live vaccines)	<b>NO</b>	<b>YES</b>

"I have read and it has been explained to me the information in the 2012-2013 Influenza Vaccine Information Statement (VIS). I have also had a chance to ask questions and they were answered to my satisfaction. I understand the benefits and risk of the influenza vaccine"

**PATIENT SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**BELOW TO BE COMPLETED BY HEALTH CARE PROVIDER**

**GIVE INTRANASAL FLU VACCINE TODAY**   

**GIVE INJECTABLE FLU VACCINE TODAY**   

**DO NOT ADMINISTER FLU VACCINE TODAY**   

Vaccine Information Statement provided (check box)

INACTIVATED INFLUENZA VACCINE   

LIVE, ATTENUATED INFLUENZA VACCINE   

Interviewer's Signature \_\_\_\_\_

**VACCINE ADMINISTERED**

**LIVE INTRANASAL INFLUENZA (FLUMIST)**

**LABEL HERE:**

**INACTIVATED INFLUENZA (FLUZONE)**

**LABEL HERE:**

**ADMINISTERED BY:**

**DATE:**