

# Influenza Vaccine Questionnaire

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Age of Child: \_\_\_\_\_  
 Child's pediatrician: \_\_\_\_\_

*For the injectable influenza vaccine (flu shot), please answer questions #1-4 & sign statement below.  
 For the intranasal influenza vaccine, please answer questions #1-12 & sign statement below.*

		YES	NO
1.	Does your child have an allergy to chicken eggs or egg products?		
2.	Does your child have a history of a paralyzing disease called Guillain-Barre Syndrome?		
3.	Has your child ever had an allergic or serious reaction to the influenza or H1N1 vaccine?		
4.	Has your child had a fever in the past 24 hours, or is sick today?		
<b>If considering FluMist (the nasal spray flu vaccine), answer the following questions: If "yes" to any questions below (5 – 12), patient cannot receive FluMist</b>			
5.	Is your child younger than 2 years old?		
6.	Did your child receive a live vaccine (MMR, chickenpox) in the last four weeks?		
7.	Does your child have a weakened immune system due to cancer, chemotherapy, medications (i.e. methotrexate, cellcept, remicade), HIV, etc, or live with someone who has a weakened immune system?		
8.	Is your child/adolescent pregnant?		
9.	Does your child have ANY chronic condition such as diabetes; heart, lung, kidney, rheumatologic & autoimmune disease; anemia; etc?		
10.	Does your child have a history of asthma, recurrent wheezing, reactive airway disease, or a history of using albuterol?		
11.	Is your child on long-term aspirin treatment?		
12.	Did your child take any influenza antiviral medication in the last 48 hours?		

I understand that if my child is under 9 years old and getting the influenza vaccine for the very first time in his/her life, he/she will need to return 1 month later for a second dose. I have read and understand the information on the vaccine information statement provided and would like my child to receive the (please check):

injectable influenza vaccine (flu shot)  
 intranasal influenza vaccine (flumist)

**Signature of Parent/Guardian**

\_\_\_\_\_ Date \_\_\_\_\_

Reviewed by \_\_\_\_\_, M.A., R.N., M.D.