2018-2019 Adult Influenza Vaccine Screening Questions

For patients to be vaccinated: The following questions will help us determine if there is any reason we should not give you the influenza vaccination today.

If you answer "yes" to any question, it does not necessarily mean you should not be vaccinated. It just means additional questions must be asked.

If a question is not clear, please ask your healthcare provider to explain it.

PATIENT NAME (please print)	Age	FMP/sponsors full SSN		
Date of Birth: (MM/DD/YY)				
Mark answers by checking "YES" or "NO" for questions 1-4			YES	NO
Are you sick or do you have a fever today?				
2. Do you have an allergy to a component of the vaccine?				
3. Have you ever had a serious reaction to influenza vaccine in the past?				
Have you ever developed Guillain-Barré Syndrome muscle paralysis within 6 weeks after receiving influenza vaccine?				
✓ I have read the above information and have t this form.	ruthfully answer	ed all of the qu	estions	on
✓ I have received a copy of the Vaccine Information administered today.	ation Sheet (VIS	S) for each vaco	oine	
✓ I have had the chance to ask questions and fully understand the benefits and risks of each vaccination.				
✓ Questions answered "yes" may need further	explanation.			
Signature of Person to Receive Vaccine Date Signature/Stamp/Print name/Title of Vaccinator Date				

Information for Healthcare Professionals about the 2018-2019 Screening Checklist for Influenza Vaccination

Influenza Vaccine Inactivated (IIV) or Recombinant (RIV)

1. Is the person to be vaccinated sick or do they have a fever today?

There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events. However, as a precaution, people with an acute febrile illness should not be vaccinated until their symptoms have improved.

Minor illnesses with or with-out fever do not contraindicate use of influenza vaccine. Do not withhold vaccination if a person is taking antibiotics.

2. Does the person to be vaccinated have an allergy to component of the vaccine?

All vaccines, including influenza vaccines, contain various components that might cause allergic and anaphylactic reactions. Patients reporting a serious reaction to a previous dose of influenza vaccine should be asked to describe their symptoms. If symptoms were suggestive of hives, asthma, loss of consciousness, or the person was treated for an allergic reaction, influenza vaccine should be withheld until evaluated by a specialist. A history of anaphylactic reaction to a previous dose of vaccine or vaccine component is a contraindication to further vaccination against influenza. Egg allergy is no longer a contraindication to receipt of injectable influenza vaccine.

3. Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past?

Patients reporting a serious reaction to a previous dose of influenza vaccine should be asked to describe their symptoms. Serious reactions such as neurologic or cardiac events within 6 weeks of influenza vaccine receipt warrant careful assessment regarding future vaccination.

Mild-to-moderate fever, malaise, myalgia, and other systemic symptoms and local reactions are not a contraindication to future vaccination. A history of red eyes or mild upper facial swelling following vaccination with inactivated injectable influenza vaccine is not a contraindication to vaccination.

4. Has the person to be vaccinated ever had Guillain-Barré syndrome?

It is prudent to avoid vaccinating people who are not at high risk for severe influenza complications and who are known to have developed Guillain-Barré syndrome (GBS) within 6 weeks after receiving a previous influenza vaccination.

This person should be referred to supervising licensed provider for further guidance