

Woodinville Pediatrics

Flu Vaccine Screening Questionnaire

Patient Name

DOB

Date of appointment

Parent/Guardian Name

Parent/Guardian Signature

For parents and guardians: the following questions will help us determine VFC status as well as eligibility for flu vaccine, either injected or Flumist (nasal spray). In order to receive injected flu vaccine, patient must be over 6 months old. In order to receive Flumist, patient must be over 2 years and less than 50 years old. Flumist cannot be given to pregnant women. Please answer the following:

VFC Status: Is the patient:	Yes	No
American Indian or Alaska Native		
No Insurance		
Medicaid		

Flumist / Flu Vaccine: the child being immunized:	YES	NO	DON'T KNOW
1. Does the child have a chronic health condition such as heart, lung (including asthma), kidney problems or diabetes?			
2. Been using aspirin or receiving aspirin therapy?			
3. Had Guillain-Barré Disease? (Neurologic disease with paralysis)			
4. Have an immune system problem? (Including treatment for cancer/AIDS, chronic steroid treatment, asplenia, organ transplant)			
5. Is the child pregnant or possibly pregnant?			
6. Had an allergy to egg or gelatin?			
7. Is the child ill today?			
8. Has the child ever had a serious reaction to flu vaccine in the past?			
If you answer "yes" to any of the 8 questions, it does not necessarily mean your child cannot be vaccinated. It just means additional questions may need to be asked.			
FOR OFFICE USE ONLY:			
Vaccine given (circle one):	VFC Flu shot	VFC Flumist	Flu shot Flumist