

Influenza Questionnaire 2014-2015

Please check off answers to questions 1-8	Yes	No
1. Does the patient have a history of severe allergic reactions to this vaccine?		
2. Any prior history of allergic reactions to egg and/or gelatin?		
3. Does the patient have any sensitivity to the preservative thimerosal?		
4. Does the patient have a past history of Guillain-Barre Syndrome?		
5. Does the patient currently have an acute febrile illness?		
6. Has the patient ever had a severe reaction to latex?		
7. Does the patient have asthma or wheezing problems?		
8. Is (are) the patient(s) currently pregnant?		
Office use only: Vaccine information given and explained to patient?		

Name of person filling form: _____ **Date:** _____

Patient Name: _____ **DOB:** _____

Patient Name: _____ **DOB:** _____

Patient Name: _____ **DOB:** _____

Patient Name: _____ **DOB:** _____

Patient Name: _____ **DOB:** _____

Patient Name: _____ **DOB:** _____