



Questionnaire • Flu Vaccination

### Influenza/Flu Vaccine --Patient Questionnaire

At this time, does the patient have a moderate or severe illness with or without fever? YES NO

In the past, did the patient have:

A severe allergy to influenza vaccine or to a component of the influenza vaccine? YES NO

A diagnosis of Guillain-Barre syndrome within 6 weeks after an influenza vaccine? YES NO

A solid organ transplant within the past 30 days? YES NO

A hematopoietic stem cell transplant within the past 6 months? YES NO

\*\*\*Please note: If your child is under the age of 9, and this is either your child's first flu vaccine or your child has had only one influenza vaccine in the past (prior to July 1, 2023), then he or she will need a second dose in one month.\*\*\*

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient/Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

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