Screening Questionnaire for Intranasal Influenza Vaccination

(Please fill out one form for each person receiving a vaccination today)

For adults patients as well as parents of children to be vaccinated: The following questions will help us determine if there is any reason we should not give you or your child intranasal influenza vaccine (FluMist®) today. If you answer "yes" to any question, it does not necessarily mean you (or your child) should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask the Medical Screener to explain it.

You will be asked the following questions. Please have your answers ready.

1.	Is the person to be vaccinated sick today?
2.	Does the person to be vaccinated have an allergy to eggs or to a component of the vaccine?
3.	Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past?
4.	Has the person to be vaccinated ever had Guillain-Barré syndrome?
5.	Does the person to be vaccinated have a long-term health problem with heart disease, lung disease, asthma, kidney disease, metabolic disease (e.g., diabetes), anemia, or other blood disorders?
6.	Does the person to be vaccinated have a weakened immune system because of HIV/AIDS or another disease that affects the immune system, long-term treatment with drugs such as steroids, or cancer treatment with x-rays or drugs?
7.	Does the person to be vaccinated live with or expect to have close contact with a person whose immune system is severely compromised and who must be in a protective environment (such as in a hospital room with reverse air flow)?
8.	Is the person to be vaccinated a child age 2 through 4 years, and in the past 12 months, a healthcare provider told you that he/she had wheezing or asthma?
9.	Is the person to be vaccinated receiving aspirin therapy or aspirin-containing therapy?
10.	Has the person to be vaccinated received any other vaccinations in the past 4 weeks?

Patient Name (Printed): _____ Date of birth: ____/____/____
(mo.) (day) (yr.)

Patient Signature: _____ Date: _____

Where did patient hear about clinic: ☐ Internet ☐ Ad ☐ Flyer ☐ Other: _____

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