

Before you get the Flu vaccine today...



Please fill out **one form** for each person in your family who wants a Flu vaccine today.
Parents: Please answer for your child.

Name: _____ Date of birth: _____

1. Are you sick today? Yes No
2. Are you allergic to eggs or any other ingredient in the flu vaccine? Yes No Don't know
3. Have you ever had a serious reaction to a flu vaccine? Yes No Don't know
4. Have you ever had Guillain-Barré Syndrome? Yes No Don't know

If you answer **Yes**, we will ask you more questions
before you get a Flu vaccine.

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