

Adult Screening and Immunization Documentation Form

2009-2010 Seasonal Influenza Vaccination Program

The following questions will help us determine if we should give you the intranasal or the injectable influenza vaccination today. If you answer "yes" to any question, we will ask additional questions to determine which vaccine, if any you will receive. Please speak to your healthcare provider, if you have any questions.

Circle answers to questions 1-13:

1	Are you 49 years of age or younger?	No	Yes
2	Do you currently feel sick or have a fever?	No	Yes
3	Are you taking any prescription medicines to prevent or treat influenza? Have you taken any antivirals in the last 48 hours?	No	Yes
4	Are you pregnant or planning to become pregnant in the next month?	No	Yes
5	Have you ever had a serious reaction to a flu vaccine?	No	Yes
6	Do you have an allergy to any of the following: eggs, chicken or egg protein, gentamicin, gelatin, arginine, neomycin, polymyxin B, thimerosal, formaldehyde, or other vaccine components?	No	Yes
7	Do you have a chronic health problem such as: heart disease, lung disease, asthma, kidney disease, metabolic disease (e.g., diabetes), anemia, or other blood disorder?	No	Yes
8	Do you have an active neurological disease?	No	Yes
9	Do you have a history of Guillain-Barre Syndrome (GBS)?	No	Yes
10	Has your doctor ever told you that you have an immune system disorder? Are you taking long-term steroid treatment or immunosuppressants?	No	Yes
11	Do you have HIV, AIDS, cancer, or have you received an organ transplant?	No	Yes
12	Do you live with or have close contact with severely immunocompromised individuals or someone who must be in a protective environment (such as transplant recipients)?	No	Yes
13	Have you received any vaccines within the last 30 days or do you plan to receive any vaccines in the next four weeks?	No	Yes
14	If you are 49 years of age or younger please list below all of the medications you are currently taking (for medication reconciliation):		

"I have read or have had explained to me the information in the 2009-2010 Influenza Vaccine Information Statement (VIS). I have also had a chance to ask questions and they were answered to my satisfaction. I understand the benefits and risks of the influenza vaccine."

Signature: _____ Date: _____

Below to be completed by healthcare provider

<input type="checkbox"/> Give injectable flu vaccine today <input type="checkbox"/> Give intranasal flu vaccine today <input type="checkbox"/> Do not administer flu vaccine today	Vaccine Information Statement provided (check box) <input type="checkbox"/> Inactivated Influenza Vaccine (TIV) <input type="checkbox"/> Live, Attenuated Influenza Vaccine (LAIV)		
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; border: none;">Interviewer's Signature</td> <td style="width: 30%; border: none;">Date</td> </tr> </table>	Interviewer's Signature	Date
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Vaccine Administered

<input type="checkbox"/> Live Intranasal Influenza (FluMist, MedImmune) Lot # _____ Dose: 0.2 ml Route: Intranasal	<input type="checkbox"/> Inactivated Influenza (Fluzone, Sanofi-Pasteur) Lot # _____ Dose: 0.5 ml Route: IM Left/Right Deltoid		
<input type="checkbox"/> Inactivated Influenza (Afluria, CSL) Lot # _____ Dose: 0.5 ml Route: IM Left/Right Deltoid	Comments		
Name: DOB: SSN:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; border: none;">Administered by:</td> <td style="width: 30%; border: none;">Date</td> </tr> </table>	Administered by:	Date
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