

Screening Questionnaire for Immunization

For Inactivated Influenza Vaccine

The following questions will help us determine if you can be vaccinated today. Please answer the best you can. If a question is not clear, please ask your nurse to explain it.

	Yes	No	Don't Know
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1. COVID-19 Screening questions.			
IF YOU ANSWER YES TO ANY OF THESE COVID QUESTIONS YOU SHOULD NOT COME TO THE FLU CLINIC			
◆ Have you experienced any of the following symptoms in the past 48 hours: fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◆ Within the past 14 days, have you been in close contact (6 feet or closer for at least 15 minutes) with a person who is known to have COVID-19 or with anyone who has any symptoms consistent with COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◆ Are you isolating or quarantining because you may have been exposed to a person with COVID-19 or are worried that you may be sick with COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◆ Are you currently waiting on the results of a COVID-19 test?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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2. Are you moderately or severely ill today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Mild illnesses (such as upper respiratory infections or diarrhea) are NOT contraindications to vaccination. Do not withhold vaccination if a person is taking antibiotics.</i>			
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3. Have you ever had an anaphylactic or allergic reaction to a previous dose of Influenza (flu) vaccine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>An anaphylactic or allergic reaction would include symptoms such as hives, wheezing or difficulty breathing, circulatory collapse or shock (not fainting), or a temperature $\geq 103^{\circ}\text{F}$.</i>			
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3. Have you ever had an anaphylactic or allergic reaction to:			
◆ Thimerosal (a preservative in some vaccines)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◆ Eggs or egg products?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◆ Gelatin?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◆ Latex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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4. Have you ever had Guillain-Barre syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>An illness with sudden muscle weakness & some loss of senses in the fingers and toes.</i>			
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