

## Screening Checklist for Injectable Influenza Vaccination

For patients to be vaccinated: The following questions will help us determine if there is any reason we should not give you inactivated injectable influenza vaccination today. If you answer “yes” to any question, it does not necessarily mean you should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

		YES	NO
1. Are you 65 or older?			
2. Are you sick today?			
3. Do you have an allergy to an ingredient of the vaccine?			
4. Have you ever had a serious reaction to influenza vaccine in the past?			
5. Have you ever had Guillain Barré syndrome?			
6. Have you ever felt dizzy or faint before, during, or after a shot?			
Employee name:	Date of Birth:		
Splash ID #:			
Employee signature:	Date:		

Clinical staff use only:	
Flu Vaccine brand, lot number, expiration date:	0.5 ml IM Site: <b>L / R Deltoid</b>
Administered by:	Date: