



Influenza Vaccination

Patient Name: _____

MRN: _____

CSN: _____

Primary Care

Screening Checklist for Contraindications to Influenza Vaccination

For children to be vaccinated: The following questions will help us determine if there is any reason we should not give the influenza vaccination today. If a question is not clear, please ask your healthcare provider to explain it.

PART A: All flu vaccinations	Yes	No
Is the person to be vaccinated 6 months of age or older?		
Is the person to be vaccinated sick today?		
Has the person to be vaccinated had a recent severe reaction to eggs?		
Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past?		
Has the person to be vaccinated ever had Guillain-Barre syndrome?		
Does the person to be vaccinated have cancer, leukemia, HIV/AIDS, or any other immune system problem?		

PART B: FluMist Only	Yes	No
Is the person to be vaccinated 2 years of age or older?		
Is the person to be vaccinated currently on aspirin therapy?		
Does the person to be vaccinated have a current or previous diagnosis of asthma?		
Is the person to be vaccinated currently pregnant?		
Has the person receiving the vaccine: <ul style="list-style-type: none"> ▪ Taken medications in the past 3 months that weaken the immune system, such as cortisone, prednisone, other steroids, or anticancer drugs. ▪ Received radiation treatments 		
Does the person to be vaccinated live with anyone who is severely immunocompromised?		
Has the person being vaccinated taken any medications for influenza in the last 48 hours?		

The information provided above is correct to the best of my knowledge. I have read and understand the Vaccine Information Sheet. I have been given the opportunity to have my questions addressed.

Signature: _____

Date: _____

Relationship to patient: _____

STAFF USE ONLY

PART A: All flu vaccinations	Yes	No
Reviewed questionnaire answers		
Verified eligibility on WIR & Reconcile between WIR/Epic		
Verified allergies		
Verify VFC eligibility		

PART B: FluMist Only	Yes	No
Verified no live virus immunizations in past 4 weeks		
Verified problem list		

Form reviewed by: _____

Date: _____

