

Place Label Here, or write name here:



Flu Vaccine Tracking and Data Entry

PRE-VACCINATION ASSESSMENT

Please read and answer the following questions:

1. Have you been vaccinated with the seasonal influenza vaccine before? Yes No
2. Have you been ill or had a fever within the past 48 hours? Yes No
3. Do you have an allergy to eggs or egg containing products?
(Experience hives, tongue swelling or difficulty breathing) Yes No
4. Have you had a serious allergic reaction to a previous influenza vaccine?
(NOTE: Minor redness or swelling at site of shot is NOT considered a serious reaction) Yes No
5. Have you ever had Guillain-Barre syndrome? Yes No
6. Are you pregnant or planning to become pregnant during this influenza season? Yes No
7. Do you have a severe allergy to latex? Yes No
8. Have you received the flu vaccine recently during this 2020-21 flu season?
If yes, where did you receive it? (Historical) Yes No

I have received the CDC Influenza Vaccine Statement (VIS). By signing below, I attest to understanding the VIS and consent to receive the influenza vaccine.

Signature _____ Date: _____

*Please review any “yes” answers with a licensed nurse prior to administering flu vaccine.