



Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**IMPORTANT QUESTIONS TO ANSWER BEFORE YOU GET YOUR FLU SHOT TODAY**  
(Parents to answer for their child)

**It is highly recommended that everyone six months and older get an annual flu shot to protect themselves and their loved ones from getting the Flu (Influenza).**

**Please answer the following questions. If you answer "yes" to any question, it does not necessarily mean you (or your child) should not be vaccinated. It just means additional questions may be asked before you get the shot today.**

1) Is the person getting the Flu shot today suffering from any serious sickness at this time, such as fever of 101° F or above/pneumonia etc. (minor infections & colds do not count)?  Yes  No

2) Is the person getting the Flu shot today have any history of allergy to eggs?  Yes  No

3) Is the person getting the Flu shot today have any history of having had a serious reaction to the flu shot in the past?  Yes  No

4) Has the person getting the Flu shot today ever had Guillain Barre Syndrome (An autoimmune disorder that leads to nerve damage and muscle weakness)?  Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Completed By: \_\_\_\_\_ Relationship: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ (MA) and \_\_\_\_\_ (MD) Date \_\_\_\_\_

Location: LD / RD Given by: JM / MB