

## FLU QUESTIONS 2021-2022

OFFICE USE ONLY:  
VFC / Regular  
TEMP=\_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

PATIENT'S NAME: \_\_\_\_\_  
(Each patient needs a separate sheet)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_\_

Does this patient have any:

- |  |             |
|--|-------------|
| 1. Illness or fever in the last 24 hours?  | 1. No / Yes |
| 2. Allergy to EGG or NEOMYCIN?   | 2. No / Yes |
| 3. Previous flu vaccine?   | 3. No / Yes |
| 4. Severe reaction to previous flu vaccine? (e.g. Prolonged fever)   | 4. No / Yes |
| 5. Other vaccines (shots) in the last 4 weeks?   | 5. No / Yes |
| 6. Oral steroids (Prednisone, Cortisone), radiation treatment, or anti-cancer medication in the past 3 months? | 6. No / Yes |
| 7. Transfusion of blood or blood products or immune globulin in the past year?                                 | 7. No / Yes |
| 8. Asthma, Wheezing, or used a nebulizer or inhaler in the past 12 months?                                     | 9. No / Yes |

\*\*\*\*\*

**WHICH IMMUNIZATION IS THIS PATIENT GETTING TODAY? (PLEASE CIRCLE ONE)**

<u>Under 2 years old</u> (only shot)	<u>Over 2 years old SHOT</u> (needle in arm)	<u>Over 2 years old MIST</u> (squirt up nose)
RA      LA RL      LL	RA      LA	

\*\*\*\*\*

Most insurance companies do pay for flu vaccine for children, but Valley Pediatrics cannot guarantee that.

I am aware my insurance may not pay for this Flu vaccine. If my insurance company does not pay for this vaccine, I realize I am responsible for the cost, which is \$50.00 + administration fee.

PARENT'S SIGNATURE:   X  

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

MA Initial: \_\_\_\_\_