



VIS
Time: _____

Flu Vaccine Screening Questionnaire

Shot
Time: _____

For clients: The following questions will help us determine if you can receive the flu vaccine today. If a question is not clear, please ask the nurse to explain it. Parents of children getting a flu shot need to fill out the form for the child.

	YES	NO	Don't Know
1. Do you have allergies to medications, eggs, latex or any vaccine?			
2. Have you ever had a serious reaction after receiving Flu vaccine?			
3. Have you ever been diagnosed as having Guillain-Barre Syndrome (GBS)? (GBS is an uncommon temporary condition which affects the nerves in the arms and legs and causes paralysis)			
4. Are you sick today?			