

South East Bay Pediatric Medical Group
H1N1 Influenza Vaccine Questionnaire

Your child will receive the H1N1 influenza vaccine to protect him/her from getting influenza disease this season. If the answer to any of these questions is YES, then for the safety of your child you must schedule an appointment with your doctor for your child to receive the H1N1 vaccine. If an appointment with a physician is scheduled, a co-pay is required at the time of your visit.

PLEASE CIRCLE YOUR RESPONSE TO EACH OF THE QUESTIONS:

- | | | |
|--|-----|----|
| 1) Is this the first time your child is receiving <u>any</u> influenza vaccine?
(If your child has receive the seasonal flu shot or mist in the past, the answer is NO.) | YES | NO |
| 2) Has your child received any of the following vaccines within the past 30 days? (please circle)
MMR Varicella MMRV Oral Typhoid Yellow Fever Seasonal or H1N1 Flu Mist | YES | NO |
| 3) Is your child allergic to eggs, gentamicin, gelatin, or agranine? | YES | NO |
| 4) Has your child had a fever above 100 in the last 24 hours? | YES | NO |
| 5) Has your child had any of the following in the last 24 hours?
Cough with fever | YES | NO |
| Vomiting | YES | NO |
| Diarrhea | YES | NO |
| Rash (excluding eczema) | YES | NO |
| 6) Does your child have a long-term health problem such as heart disease
lung disease, asthma, kidney disease, metabolic disease, or diabetes? | YES | NO |
| 7) Has your child ever had an allergic reaction to the influenza vaccine
other than redness or soreness at the site of the injection? | YES | NO |
| 8) Is your child currently receiving aspirin or aspirin-containing therapy? | YES | NO |
| 9) In the past 12 months, has a doctor ever told you that your child had
wheezing or asthma? | YES | NO |
| 10) Has your child ever had Guillan Barre Syndrome?
(Guillan Barre is a paralytic illness – if you have never heard of this, the answer is most likely NO) | YES | NO |
| 11) Does your child have any disease (e.g. cancer, lupus, HIV) or take a
medication (oral or injectible steroids or chemotherapy) that lowers the
body's resistance to infection? (Eczema and allergic rhinitis do not count.) | YES | NO |

If you answered "YES" to any of the above, please discuss this with your doctor.

I HAVE READ THE INDLUENZA VACCINE INFORMATION AND HAVE HAD MY CONCERNS AND QUESTIONS REGARDING THE INFLUENZA VACCINE ANSWERED.

PATIENT NAME

PARENT/GUARDIAN SIGNATURE

DATE