

Influenza (Flu) Vaccine Questionnaire 2011-2012
South East Bay Pediatrics Medical Group

Your child will receive the influenza vaccine to protect him or her from getting influenza disease this flu season. In order to safely give your child the vaccine, please answer the following questions. *Please circle your response to each question:*

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| 1) Is this the FIRST time your child is receiving any influenza (flu) vaccine?
(If your child has received 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 last 30 days?
Circle all that apply:
MMR Varicella MMRV Oral Typhoid Yellow Fever Flu Mist | YES | NO |
| 3) Is your child allergic to eggs, gentamycin, gelatin, or agranine? | YES | NO |
| 4) Has your child had a fever (100.4 or above) in the last 24 hours? | YES | NO |
| 5) Has your child been sick in the last 24 hours with any of the following?
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, or metabolic disease? | YES | NO |
| 7) Has your child ever had an allergic reaction to the influenza vaccine
other than redness or soreness at the injection site? | YES | NO |
| 8) Is your child currently receiving 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 an illness that causes paralysis)
*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 injectable 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, you will need to make and appointment to see your doctor prior to getting the flu vaccine.

Possible reactions to the flu vaccine include slight fever, fatigue, and muscle aches. In the case of the shot soreness, redness, or swelling where the shot is given can occur. Most children will not have a reaction. When reactions do occur, they are generally mild and last 1-2 days. Acetaminophen (Tylenol) or ibuprofen (Motrin/Advil) can be used to treat these symptoms. More significant reactions such as high fevers above 103, muscle paralysis, or allergic reactions are rare; if these occur, please contact your physician as soon as possible.

I HAVE READ THE INFLUENZA (FLU) VACCINE INFORMATION SHEET AND HAVE HAD MY CONCERNS AND QUESTIONS REGARDING THE INFLUENZA (FLU) VACCINE ANSWERED BY A PHYSICIAN.

Patient's Name: _____

Parent / Guardian Name: _____

Parent / Guardian Signature: _____ Date: _____