Instructions: Download this pdf, fill it out, and print it.
Then bring it with you to drive-thru flu clinic on Tuesday.

Faculty ID#_____

Influenza Questionnaire

2020-2021

1. Are you allergic to chicken eggs or egg products? No_____ Yes_____
2. Are you allergic to thimerosal? (a mercury derivative used as preservative)

   No_____ Yes_____

3. Have you ever had a severe allergic reaction to previous flu vaccine or other vaccinations?

   No_____ Yes_____

4. Have you ever been diagnosed with Gullain-Barre' syndrome?

   No_____ Yes_____

5. Do you have a active neurological disorder? No_____ Yes_____
6. Do you have any disease or condition that causes immunosuppression or have you taken any immunosuppressive medications in the last 6 weeks?

   No_____ Yes_____

7. Do you currently have respiratory illness that is causing fever?

   No_____ Yes_____

8. Do you currently have an active infection? No_____ Yes_____
9. Are you sensitive to dry latex? No_____ Yes_____
10. Are you currently pregnant? No_____ Yes_____
11. Do you have a bleeding disorder or are you on anticoagulant therapy?

    No_____ Yes_____

12. Do you take Theophylline or Warfarin (Coumadin, Phenytoin or Aminopyrine?

    No_____ Yes_____

Note: Influenza Vaccination can inhibit the clearance of these drugs from the body, but studies have failed to show any adverse clinical effects attributed to these drugs in patients receiving Influenza Vaccine. You may wish to discuss this with your physician prior to taking the vaccine.

Print Name:_____Signature:_____Date_____

Office use only

Manufacturer_____ Lot# _____ Exp:_____

0.5ml_____Deltoid

_____

VIS Dated 08/15/2019 Provided

Signature, printed Name and Title of Person who Administered Vaccine

Reset Form