

Non-Scannable Influenza Vaccination Screening Form

Clinic Code

AL

For clinical staff use only.

Client Information

Please **print** clearly in **blue** or **black ink**, using **CAPITAL LETTERS** only, within the spaces provided.

First Name

MI

Last Name

Street Address (or Post Office Box)

City

State

Zip Code

Telephone Number

 () -

Date of Birth

 / /

Month

Day

Year

Age

Gender

(fill-in bubble) M F

Answer YES or NO to each question below by marking with an X in appropriate box

Your answers below will help us determine if you should receive an influenza vaccine today

1	Do you live with or provide care for infants under 6 months of age? →	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2	Are you health care or emergency medical services personnel? →	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3	If female, are you pregnant or might be pregnant? →	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4	Do you have a long-term health problem such as heart or lung disease, asthma, reactive airways, kidney disease, metabolic disease (e.g., diabetes), blood diseases or are you on long term aspirin-therapy? →	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5	Do you have an illness such as HIV/AIDS, lupus or cancer, or do you take any medication that might lower your body's resistance to infection? →	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6	Do you have a severe allergy to eggs, gelatin or other components of flu vaccine? →	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7	Are you feeling ill today or do you have a fever? →	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8	Were you ever diagnosed with Guillain-Barre Syndrome (GBS)? →	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9	Have you ever had a bad reaction to a flu vaccination in the past? →	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10	Do you have close contact with immunosuppressed persons who require a protected environment? →	<input type="checkbox"/> YES	<input type="checkbox"/> NO
11	Have you received another vaccination in the past four weeks? →	<input type="checkbox"/> YES	<input type="checkbox"/> NO
12	Have you ever fainted after an injection in the past? →	<input type="checkbox"/> YES	<input type="checkbox"/> NO

I have received, read and had my questions answered about the Vaccine Information Statement(s) for the doses to be given. I request that the dose(s) be given to me or the person named above, for whom I am responsible. My relationship to the patient is _____ (e.g. Mother, Father, Guardian). I also allow release of any information needed to process insurance claims and request payment of medical benefits. I have received this clinic's HIPAA Notice of Privacy Practices information sheet, **check here.**

Oregon Public Health may follow-up with persons receiving H1N1 vaccine; please check if you do not wish to be contacted:

Signature: **X**

Adult, parent, or guardian

Date Signed:

SEE REVERSE FOR REASONS THESE QUESTIONS ARE BEING ASKED

CLINICAL USE ONLY

Vaccine	Brand Name	Manufacturer	Lot Number	Dose	Expiration Date	Elig. Code	Site	VIS Date

Injection Site Codes

- 1 = Right Arm
- 2 = Left Arm
- 3 = Right Thigh
- 4 = Left Thigh
- 5 = Nose

Vaccinator's

Signature:

Vaccinator's

Title:

Admin. Date

Clinic Code

AL

1

- These persons are highly recommended to get the seasonal flu vaccine (SNL FLU INJ or SNL FLU NAS)
- These persons are recommended and eligible to receive the H1N1 vaccine (H1N1 INJ or H1N1 Nasal)
- Screen for contraindications before giving either Live Nasal vaccine

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- These persons are highly recommended to get the seasonal flu vaccine. (SNL-FLU INJ or SNL FLU NAS)
- These persons are recommended and eligible to receive the H1N1 vaccine (H1N1 INJ or H1N1 Nasal)
- Screen for contraindications before giving either Live Nasal vaccine.

3

- These persons are highly recommended to get the seasonal flu vaccine. (SNL FLU INJ Only)
- These persons are recommended and eligible to receive the H1N1 vaccine. (H1N1-INJ Only)
- These persons **cannot get either Live Nasal vaccine.**

4

- These persons are highly recommended to get the seasonal flu vaccine (SNL FLU INJ Only)
- They **cannot get either seasonal flu or H1N1 Live nasal vaccine.**
- This contraindication to Live vaccine includes persons with a history of wheezing or immunosuppression.
- These persons are recommended and eligible for the H1N1 vaccine (H1N1 INJ Only)

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- These persons are highly recommended to get the seasonal flu vaccine (SNL FLU INJ Only).
- They cannot get either seasonal flu or H1N1 Live nasal vaccine.
- This contraindication includes persons with a history of wheezing or immunosuppressive disorders.
- These persons are recommended and eligible for the H1N1 vaccine (H1N1 INJ Only)

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- Persons answering Yes have a contraindication to getting any flu vaccine (seasonal and H1N1) Severe allergy is defined as having an anaphylactic reaction.
- Advise client to ask their household contacts to be immunized to prevent transmission.

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- Precaution only. Mild illness is usually not a contraindication to either seasonal or H1N1 influenza vaccine.
- Only consider delaying vaccination if symptoms are moderate or severe.

8

- Precaution only. Persons who experienced GBS within 6 months of a vaccination should consult their health provider prior to being vaccinated with influenza vaccine.

9

- Precaution only. Persons who experienced a severe reaction (High fever, behavior changes, signs of anaphylaxis) should consult their health provider prior to being vaccinated with influenza vaccine.

10

- These persons are highly recommended to get the seasonal flu vaccine and H1N1 vaccine in order to protect there severely immunosuppressed close contacts. Inactivated injectable influenza vaccine is preferred. (SNL FLU INJ and H1N1 INJ)
- Persons who recently had a bone-marrow transplant are considered to have severely reduced immune systems and in need of a protected environment.

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- The minimum spacing between any two seasonal flu vaccine doses is 28 days. (SNL FLU INJ or NAS)
- Persons who had any Live Vaccine such as Nasal Influenza Vaccine or MMR Vaccine should not be given another Live Vaccine until at least 28 days have passed.
- If H1N1 flu vaccine requires a two dose series there will be a minimal interval between the two of at least 28 days.

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- Precaution only. Vaccinate client lying down, protect from falls, consider offering Nasal vaccine if indicated.

SNL= Seasonal; NAS= Nasal; INJ= Injectable; H1N1= Novel "swine" flu