

Adult Screening and Immunization Documentation Form

2011-2012 Seasonal Influenza Vaccination Program

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Name (Please Print):	DOB:	SPONSOR FULL SSN:
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PLEASE CIRCLE ONE: USA USN USMC USAF USCG NON-MILITARY

Circle answers to questions 1-11:

1	Do you currently feel sick or have a fever?	No	Yes
2	Have you ever had a serious reaction to a flu vaccine?	No	Yes
3	Do you have a history of Guillain-Barre Syndrome (GBS)?	No	Yes
4	Do you have an allergy to any of the following: eggs, egg protein, MSG, gentamicin, gelatin, arginine, neomycin, polymyxin B, thimerosal, formaldehyde, latex or other vaccine components?	No	Yes
5	Are you pregnant or planning to become pregnant in the next month?	No	Yes
6	Are you 50 years of age or older? (If marked Yes, skip questions 7-12)	No	Yes
7	Do you have a chronic health problem such as: asthma, heart disease, lung disease, kidney disease, metabolic disease (e.g., diabetes) or a blood disorder?	No	Yes
8	Do you have a weakened immune system because of HIV or another disease that affects the immune system, long-term high-dose steroid treatments, or cancer treatment with radiation or drugs?	No	Yes
9	Are you taking any prescription medicines to prevent or treat influenza? Have you taken any antivirals in the last 48 hours?	No	Yes
10	Do you live with or have close contact with severely immunocompromised individuals or someone who must be in a protective environment (such as transplant recipients)?	No	Yes
11	Have you received any vaccines within the last 30 days or do you plan to receive any vaccines in the next four weeks?	No	Yes
12	If you are under 50 years of age please list below all of the medications you are currently taking (for medication reconciliation):		

"I have read or have had explained to me the information in the 2011-2012 Influenza Vaccine Information Statement (VIS). I have also had a chance to ask questions and they were answered to my satisfaction. I understand the benefits and risks of the influenza vaccine."

Signature:

Date:

Below to be completed by healthcare provider

<input type="checkbox"/> Give injectable flu vaccine today <input type="checkbox"/> Give intranasal flu vaccine today <input type="checkbox"/> Do not administer flu vaccine today	Vaccine Information Statement provided <input type="checkbox"/> Inactivated Influenza Vaccine (TIV) <input type="checkbox"/> Live, Attenuated Influenza Vaccine (LAIV)		
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; border: none;">Interviewer's Signature</td> <td style="width: 30%; border: none;">Date</td> </tr> </table>	Interviewer's Signature	Date
Interviewer's Signature	Date		

Vaccine Administered

Live Intranasal Influenza ≤ 49 yrs (FluMist, MedImmune) Lot # Dose: 0.2 ml Route: Intranasal	<input type="checkbox"/> Inactivated Influenza (Fluzone, Sanofi-Pasteur) <input type="checkbox"/> Inactivated Influenza ≥ 65 yrs (Fluzone, Sanofi-Pasteur) <input type="checkbox"/> Inactivated Influenza (Afluria, CSL) Lot #
	Dose: 0.5 ml Route: IM Left/Right Deltoid

Comments:

Administered by:

Date