

2025-2026 Influenza Immunization Questionnaire

		/	_/	
person receiving vaccine (please	print)	DOB	Age	
ldress	City	State	Zip	
e				
Life-threatening reaction to Guillain-Barre` Syndrome or Bone Marrow transplant with Anaphylactic latex allergy Previous immunization this answered yes to any of the any yes to any yes	a previous flu shot, such within 6 weeks of receiving thin the past 6 months flu season above, you may not receiver? I have recovered before receivent before, during, or after about receiving the shot to stions on this form. I have	as trouble breathing a flu shot ive a flu shot this year. eiving a flu vaccine.) a shot? oday?		tatement
Signature of person receiv	ving vaccine or Parent	/Guardian		
• 0.25mL or 0.5 mL, IM • 0.5 mL, IM (36 months) Flublock (Egg Free) Influenza V	(6 months through 35 months and older)	nths per provider order)	ıs, recombinant HA antigens	, 0.5 mL
High Dose Influenza Vaccine TF	RIvalent Influenza A subtypo	e and B type virus, 0.5 mL ,	IM (65 and older)	
		acturer//		
	Journal of the fold loss of the fold loss of Life-threatening reaction to Guillain-Barre` Syndrome of Bone Marrow transplant with Anaphylactic latex allergy of Previous immunization this answered yes to any of the any of the answered yes to any of the a	If patient is receiving an Influenza VA you ever had any of the following: Io Life-threatening reaction to a previous flu shot, such Guillain-Barre` Syndrome within 6 weeks of receiving Bone Marrow transplant within the past 6 months Anaphylactic latex allergy Previous immunization this flu season Answered yes to any of the above, you may not received Do you currently have a high fever? (If so, you should wait until you have recovered before received Have you ever felt dizzy or faint before, during, or after Do you currently feel anxious about receiving the shot to ruthfully answered all the questions on this form. I have nature below indicates my permission for the vaccine to Signature of person receiving vaccine or Parent Fluzone Influenza Vaccine, TRIvalent Influenza A subtype: 0.25mL or 0.5 mL, IM (6 months through 35 mo 0.5 mL, IM (36 months and older) Flublock (Egg Free) Influenza Vaccine, TRIvalent Influenza (9 years and older) High Dose Influenza Vaccine TRIvalent Influenza A subtype Manufa Date	If patient is receiving an Influenza VACCINE, please complete you ever had any of the following: In Life-threatening reaction to a previous flu shot, such as trouble breathing in Guillain-Barre' Syndrome within 6 weeks of receiving a flu shot. Bone Marrow transplant within the past 6 months. Anaphylactic latex allergy is previous immunization this flu season. In answered yes to any of the above, you may not receive a flu shot this year. Do you currently have a high fever? (If so, you should wait until you have recovered before receiving a flu vaccine.) Have you ever felt dizzy or faint before, during, or after a shot? Do you currently feel anxious about receiving the shot today? Puthfully answered all the questions on this form. I have also received a copy of the lature below indicates my permission for the vaccine to be administered to me. Signature of person receiving vaccine or Parent/Guardian Fluzone Influenza Vaccine, TRIvalent Influenza A subtype and B type virus, 1. 0.25mL, IM (36 months and older) Flublock (Egg Free) Influenza Vaccine, TRIvalent Influenza A subtype and B type virus, 0.5 mL, IM (36 months and older) High Dose Influenza Vaccine TRIvalent Influenza A subtype and B type virus, 0.5 mL, IM (40 months and older)	If patient is receiving an Influenza VACCINE, please complete: you ever had any of the following: Itife-threatening reaction to a previous flu shot, such as trouble breathing Guillain-Barre' Syndrome within 6 weeks of receiving a flu shot Bone Marrow transplant within the past 6 months Anaphylactic latex allergy Previous immunization this flu season I answered yes to any of the above, you may not receive a flu shot this year. Do you currently have a high fever? (If so, you should wait until you have recovered before receiving a flu vaccine.) Have you ever felt dizzy or faint before, during, or after a shot? Do you currently feel anxious about receiving the shot today? Puthfully answered all the questions on this form. I have also received a copy of the Vaccine Information Stature below indicates my permission for the vaccine to be administered to me. Signature of person receiving vaccine or Parent/Guardian Fluzone Influenza Vaccine, TRIvalent Influenza A subtype and B type virus, - 0.25mL or 0.5 mL, IM (6 months through 35 months per provider order) - 0.5 mL, IM (36 months and older) Flublock (Egg Free) Influenza Vaccine, TRIvalent Influenza A subtype and B type virus, recombinant HA antigens (9 years and older) High Dose Influenza Vaccine TRIvalent Influenza A subtype and B type virus, 0.5 mL, IM (65 and older)

DATE:____