

Metropolitan Pediatrics Flu Vaccine Questionnaire 2016-2017

- | | Yes | No |
|--|-------|-------|
| 1) Has your child ever had a serious reaction to a previous dose of influenza vaccine? | _____ | _____ |
| 2) Has your child ever had a severe allergic reaction to eggs (wheezing, low blood pressure, or vomiting)? | _____ | _____ |
| 3) Does your child have a history of Guillain-Barre Syndrome? | _____ | _____ |
| 4) Is your child under the age of 6 months? | _____ | _____ |
| 5) Has your child had a fever over 100.4 in the past 2 days? | _____ | _____ |
| 6) Is your child seriously ill? | _____ | _____ |
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If you answered “yes” to any question above, your child should NOT receive the influenza vaccine today.

Children with a mild egg allergy (rash only) may receive the influenza vaccine. If your child has a mild egg allergy, he or she should be observed in the clinic for 30 minutes following vaccination.

The booster dose for the flu vaccine (for those who require it) should be more than 4 weeks apart.

****If your child has a latex allergy, please notify one of the lab personnel****

Patient Name _____ **Date of Birth** _____

Parent's Signature _____