



Public Health Division  
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## Screening Checklist for Contraindications to Inactivated Injectable Influenza Vaccination

Name: \_\_\_\_\_ Sex:  M  F Age: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Last First MI

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
City Zip

**For adult patients as well as parents of children to be vaccinated:** The following questions will help us determine if there is any reason we should not give you or your child inactivated injectable influenza vaccination today. If you answer "yes" to any question, it does not necessarily mean you (or your child) should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

	Yes	No	Don't Know
1. Is the person to be vaccinated sick today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the person to be vaccinated have an allergy to eggs or to a component of the influenza vaccine such as gelatin?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the person to be vaccinated ever had a serious reaction to the influenza vaccine in the past?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the person to be vaccinated pregnant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has the person to be vaccinated ever had Guillain-Barré syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The California Immunization Registry (CAIR) is a confidential, secure computer system supported by the California Department of Health. The system makes it easier for doctors, patients and parents to keep track of shots over a lifetime. Thousands of California doctors, other agencies like the Women, Infant and Children's Program (WIC), child care centers and schools use CAIR. A record of the shot OR TB test you received today will be entered in the CAIR system. If you <u>do not</u> want this information shared with other CAIR providers please check the box. <input type="checkbox"/>			

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Official Use Only:**

VIS given

Person Administering Vaccine: \_\_\_\_\_  
 Route of Administration: IM      Manufacturer & Lot #:  
 Site: \_\_\_\_\_

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