

# 2013-2014 Pediatric and Adolescent Influenza Screening Questionnaire

This printed material contains sensitive PII protected under the Privacy Act which is FOR OFFICIAL USE ONLY and must be protected in accordance with the Privacy Act, 5 USC § 552a. Unauthorized disclosure or misuse of this SENSITIVE PII may result in criminal and/or civil penalties

|  |  |                       |
|--|--|-----------------------|
| <b>Recipient's Name:</b> (Print legibly the last and first name) | <b>Date of Birth:</b> (month/ day/ year) | <b>Sponsor's SSN:</b> |
|--|--|-----------------------|

|  |  |
|--|--|
| <b>Sponsor's Service:</b> Army Air Force Navy/Marine Corps | <b>Sponsor's Status:</b> Active Duty Reserve/NG Dependent Civilian Retired |
|--|--|

|     |  |    |     |
|-----|--|----|-----|
| 1.  | Has your child ever received a seasonal influenza vaccine?   | No | Yes |
| 2.  | Does your child currently feel sick or have a fever?   | No | Yes |
| 3.  | Has your child ever had a serious reaction to a flu vaccination in the past?   | No | Yes |
| 4.  | Does your child have a history of Guillain-Barré Syndrome (GBS)?   | No | Yes |
| 5.  | Does your child have allergy to any of the following: <i>eggs, egg protein, MSG, gentamicin, neomycin, polymyxin, gelatin, arginine, thimerosal, formaldehyde, or vaccine components?</i>                            | No | Yes |
| 6.  | Is your child younger than 2 years of age?   | No | Yes |
| 7.  | Does your child have a history of <i>asthma, reactive airway disease, or wheezing?</i>   | No | Yes |
| 8.  | Does your child have heart disease, lung disease, kidney disease, liver disease, neurological or neuromuscular disease, metabolic disorders (e.g., diabetes), blood disorder or any other chronic health conditions? | No | Yes |
| 9.  | Does your child have a weakened immune system because of HIV or another disease that affects the immune system; take long-term high dose steroid treatments, or cancer treatment with radiation or drugs?            | No | Yes |
| 10. | Is your child taking aspirin or aspirin-containing products?   | No | Yes |
| 11. | Is your child taking any prescription medicines to prevent or treat influenza? <i>Have they taken any antivirals in the last 48 hours?</i>   | No | Yes |
| 12. | Does your child live with or expect to have contact with severely immunocompromised individuals who must be in a protective environment (those in isolation)?  | No | Yes |
| 13. | Is the adolescent to be vaccinated pregnant?   | No | Yes |
| 14. | Has your child received any vaccines within the last 30 days or are they going to receive any additional vaccines within the next 4 weeks?   | No | Yes |

*I have read, or have had explained to me, the information in the 2013-2014 Influenza Vaccine Information Sheet (VIS). I have also had a chance to ask any questions and they were answered to my satisfaction. I understand the benefits and risks of the influenza vaccine. (This form is subject to the Privacy Act of 1974)*

Recipient's signature \_\_\_\_\_ Date \_\_\_\_\_

### Below to be completed by health care provider only

|  |                           |                          |
|--|---------------------------|--------------------------|
| <input type="checkbox"/> Give injectable flu vaccine today   | Medication Reconciliation | Comments:                |
| <input type="checkbox"/> Give intranasal flu vaccine today   |                           | Interviewer's Signature: |
| <input type="checkbox"/> Do NOT administer flu vaccine today |                           |                          |

### Vaccine Administered

|   |   |  |   |  |  |
|---|---|--|---|--|--|
| <input type="checkbox"/> <u>Live Intranasal</u><br><b>Flumist</b><br><i>(Pre-school / Adult)</i>  | <input type="checkbox"/> <u>Inactivated Influenza</u><br><b>Fluzone Shot</b><br><i>(Infant/Toddler)</i>   | <input type="checkbox"/> <u>Inactivated Influenza</u><br><b>Fluzone Shot</b><br><i>(Pre-school / Adult)</i>  | <input type="checkbox"/> <u>Inactivated Influenza</u><br><b>Flucelvax Shot</b><br><i>(Adult)</i>          | <input type="checkbox"/> <u>Inactivated Influenza</u><br><b>Fluvirin Shot</b><br><i>(Pre-school / Adult)</i> | <input type="checkbox"/> <u>Inactivated Influenza</u><br><b>Afluria Shot</b><br><i>(Pre-school/ Adult)</i><br><b>** May be used for 5 yrs and older if no other vaccine is available</b> |
| <b>Ages:</b> 2yrs - 49yrs<br><b>Dose:</b> 0.2ml<br><b>Route:</b> Intranasal<br><b>Lot #</b> _____ | <b>Ages:</b> 6 - 35 months<br><b>Dose:</b> 0.25ml<br><b>Route:</b> IM L / R Deltoid<br><b>Lot #</b> _____ | <b>Ages:</b> 36 months & older<br><b>Dose:</b> 0.5ml<br><b>Route:</b> IM L / R Deltoid<br><b>Lot #</b> _____ | <b>Ages:</b> 18 yrs & older<br><b>Dose:</b> 0.5ml<br><b>Route:</b> IM L / R Deltoid<br><b>Lot #</b> _____ | <b>Ages:</b> 4 yrs & older<br><b>Dose:</b> 0.5ml<br><b>Route:</b> IM L / R Deltoid<br><b>Lot #</b> _____     | <b>Ages:</b> 9 yrs & older**<br><b>Dose:</b> 0.5ml<br><b>Route:</b> IM L / R Deltoid<br><b>Lot #</b> _____   |

|                               |                    |
|-------------------------------|--------------------|
| <b>Administered by:</b> _____ | <b>Date:</b> _____ |
|-------------------------------|--------------------|