



Offices conveniently located in :  
 Metairie, Covington, Baton Rouge Lafayette  
 504-456-8515  
 www.passporthealthlouisiana.com

### INFLUENZA IMMUNIZATION SCREENING FORM

*Please complete & sign this page & hand to the nurse at the time of vaccination  
 The CDC Vaccine Information Statement is for your records.*

The following questions will help us determine if the flu vaccine may be given today.  
 If a question is not clear, please ask the nurse to explain it.

**Please check "yes" or "no" for the following questions: If "yes", please discuss with nurse.**

<b>If "yes" is applicable, the flu vaccine may <i>not</i> be advised.</b>	<b>Yes</b>	<b>No</b>
Are you <b>allergic</b> to eggs or egg products or chicken proteins?		
Are you <b>allergic</b> to latex?		
Are you <b>allergic</b> to thimerosal?		
Have you had Guillain-Barre syndrome? (a serious neurological disease)		
Have you had a bad reaction to any vaccines including the flu vaccine		
Are you moderately or severely ill? i.e. do you have a fever? (Fever over 101°F)		
<b>For Women:</b> Are you pregnant or breast-feeding? If yes, please let the nurse know		
<b>For Women:</b> Have you had a mastectomy? If yes, please let the nurse know		

If you have any questions, please ask the nurse or check with your physician before receiving the vaccine.

**I have read the CDC Vaccine Information Sheet about Influenza and Influenza vaccine, and I have had a chance to ask questions. I understand the benefits and risks of Influenza vaccination and request that the vaccine is given to me.**

#### Information-Person to Receive Vaccine

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City & Zip \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_ Signature: \_\_\_\_\_

Circle One: Male Female Email address: \_\_\_\_\_

#### For Clinic Use Only:

Clinic Site: \_\_\_\_\_ Brother Martin \_\_\_\_\_ Preservative Free Dose \_\_\_\_yes \_\_\_\_no

Date of Vaccination: \_\_\_\_\_ **08/29/2018** \_\_\_\_\_ Manufacturer & Lot #: \_\_\_\_\_

Site: IM Right \_\_\_\_\_ Left \_\_\_\_\_ Administered By: \_\_\_\_\_