



Iverson Corner Drug
408 Minnesota Ave
Bemidji, MN 56601

Iverson Corner Drug HIGH DOSE Influenza Vaccination Screening Questionnaire and Informed Consent Form

Name: _____ Date of Birth: _____
Address: _____ City: _____
Phone #: _____ Zip: _____
Allergies: _____

Screening Questionnaire for High Dose Adult Influenza Immunization (age 65+)

	Yes	No
1. Are you sick today?	☐	☐
2. Are you 65 or older?	☐	☐
3. If under the age of 65: have you received a solid organ transplant AND are currently receiving immunosuppressive therapy?	☐	☐
4. Do you have allergies to medication, foods, or vaccines, (especially eggs, latex, or thiomersal)? (If so, please list) _____	☐	☐
5. Have you ever had a serious reaction or Guillain-Barre Syndrome after receiving a vaccine?	☐	☐
6. Do you have a weakened immune system caused by something such as HIV, cancer, or immunosuppressive therapy?	☐	☐
7. Do you take cortisone, prednisone, other steroids, or anticancer drugs, or have you had X-rays (for cancer treatment)?	☐	☐
8. During the past year, have you received a transfusion of blood or blood products, or been given immune (gamma) globulin?	☐	☐
9. Have you received any live vaccinations in the past 4 weeks (MMR, intranasal flu, varicella, yellow fever)?	☐	☐
10. For women: Are you pregnant or is there a chance you could become pregnant in the next 3 months?	☐	☐

I, the undersigned, wish to receive a vaccination against influenza. I am taking this vaccine voluntarily and consent to the vaccination being given to me. I have read the information provided (Influenza VIS). I understand the risks and benefits of this vaccine. I have had an opportunity to ask questions which have been answered to my satisfaction. I hereby waive any claim for damages that I (or anyone claiming on my behalf) may have against Iverson Corner Drug, its pharmacists, nurses, directors, or employees on account of any injury or misfortune I may suffer as a result of this vaccination.

Patient Signature: _____ Date: _____

For Office Use Only

Manuf.	Lot #	Exp. Date	Site:	Date of Admin/Date Given VIS:	Signature of Admin/Title	Date on VIS
						01/31/2025