| CHECK | VACCINE |
|---|---|
| | Flu (3+) |
| | RSV (Abrysvo) |
| | Covid-19 |
| | Prevnar 20 |
| 1st 2nd | Shingrix |
| | Tdap |
| OTHER- | |

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# *FLU Vaccine Questionnaire Form*

Today's Date: _____ Name: _____

Address: _____

Phone/Cell#: _____ Birth date: _____AGE:_____

Medicare ID Number (Including ALPHA): _____

| | Yes | No |
|---|---|---|
| 1. Are you sick today? | | |
| 2. Do you have allergies to medications, food, a vaccine component, or latex? (If yes, please list) | | |
| 3. Have you ever had a serious reaction after receiving a vaccination? | | |
| 4. Have you had in the last 6 weeks: a seizure or other nervous system problem (i.e., Guillian-Barre Syndrome)? [influza/Tdap] | | |
| 5. **For women:** Are you pregnant or is there a chance you could become pregnant during the next month? [HPV/MenB/MMR/LAIV] | | |

I have read the adverse reactions associated with the vaccine I am about to receive. A copy of the vaccine manufacturer's drug information sheet is available on request. Furthermore, I have also had an opportunity to ask questions about these immunizations. I believe the benefits outweigh the risks and I voluntarily assume full responsibility for any reactions that may result. My medical record may be shared with my physician/insurance. I am requesting that the immunization(s) be given to me, or the person named below for whom I am the legal guardian. I, for myself, my heirs, executors, personal representatives and assigns, hereby release Vienna Drug Center, any retail site, grocery store, pharmacy, corporation, physician, and/or medical director and their respective affiliates, subsidiaries, divisions, directors, contractors, agents, employees, and their employees from any and all claims arising out of, in connection with or in any way related to my receipt of this or these immunization(s). Vienna Drug Center and the other aforementioned parties shall not at any time or to any extent whatsoever be liable, responsible, or in any way accountable for any loss, injury, death or damage suffered or sustained by any person at any time in connection with or as a result of this vaccine program or the administration of the vaccines described above.

x_____ _____
Signature / Legal Guardian Date

_____ _____
Print Name Administrator

FLUAD Adjuvanted 65+ 24-25 388471 SEQIRUS 05/02/2025

Vaccine:_____AFLURIA 3+ 24-25_____ __Lot#: AW1605D_____ Mfr: __SEQIRUS____. Exp.Date: __05/31/25_____

VIS Date: __8-6-21_____ Site _____Arm Date VIS Given: _____

Vaccine:_____ __Lot#:_____ Mfr: _____. Exp.Date: _____

VIS Date: _____ Site _____Arm Date VIS Given: _____

Please wait in the pharmacy for 15 minutes after the vaccine is given for observation

Last Updated 8-29-24

RX LABEL HERE

**1. Are you sick today?** *[all vaccines]*
There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events. However, as a precaution with moderate or severe acute illness, all vaccines should be delayed until the illness has improved. Mild illnesses (e.g., upper respiratory infections, diarrhea) are NOT contraindications to vaccination. Do not withhold vaccination if a person is taking antibiotics.

**2. Do you have allergies to medications, food, a vaccine component, or latex?** *[all vaccines]*
An anaphylactic reaction to latex is a contraindication to vaccines that contain latex as a component or as part of the packaging (e.g., vial stoppers, prefilled syringe plungers, prefilled syringe caps). If a person has anaphylaxis after eating gelatin, do not administer vaccines containing gelatin. A local reaction to a prior vaccine dose or vaccine component, including latex, is not a contraindication to a subsequent dose or vaccine containing that component. For information on vaccines supplied in vials or syringes containing latex, see www.cdc.gov/vaccinespubs/pinkbook/downloads/appendices/B/latex-table.pdf; for an extensive list of vaccine components, see www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.

People with egg allergy of any severity can receive any IIV, RIV, or LAIV that is otherwise appropriate for the patient's age and health status. With the exception of ccIIV and RIV (which do not contain egg antigen), people with a history of severe allergic reaction to egg involving any symptom other than hives (e.g., angioedema, respiratory distress), or who required epinephrine or another emergency medical intervention, the vaccine should be administered in a medical setting, such as a clinic, health department, or physician office; vaccine administration should be supervised by a healthcare provider who is able to recognize and manage severe allergic conditions.

**3. Have you ever had a serious reaction after receiving a vaccination?** *[all vaccines]*
History of anaphylactic reaction (see question 2) to a previous dose of vaccine or vaccine component is a contraindication for subsequent doses. Under normal circumstances, vaccines are deferred when a precaution is present. However, situations may arise when the benefit outweighs the risk (e.g., during a community pertussis outbreak).

**4. Have you had a seizure or a brain or other nervous system problem?** *[influenza, Td/Tdap]*
Tdap is contraindicated in people who have a history of encephalopathy within 7 days following DTP/DTaP. An unstable progressive neurologic problem is a precaution to the use of Tdap. For people with stable neurologic disorders (including seizures) unrelated to vaccination, or for people with a family history of seizure, vaccinate as usual. A history of Guillain-Barré syndrome (GBS) is a consideration with the following: 1) Td/Tdap: if GBS has occurred within 6 weeks of a tetanustoxoid vaccine and decision is made to continue vaccination, give Tdap instead of Td if no history of prior Tdap; 2) Influenza vaccine (IIV/LAIV): if GBS has occurred within 6 weeks of a prior influenza vaccine, vaccination should generally be avoided unless the benefits outweigh the risks (for those at higher risk for complications from influenza).

**5. For women: Are you pregnant or is there a chance you could become pregnant during the next month?** *[HPV, IPV, MenB, MMR, LAIV, VAR]*
Live virus vaccines (e.g., MMR, VAR, LAIV) are contraindicated one month before and during pregnancy because of the theoretical risk of virus transmission to the fetus. Sexually active women in their childbearing years who receive live virus vaccines should be instructed to avoid pregnancy for one month following receipt of the vaccine. On theoretical grounds, IPV and MenB should not be given during pregnancy; however, it may be given if there is a risk of exposure. IIV and Tdap are both recommended