

Pediatricenter Flu Vaccine Questionnaire



Today's Date _____

Patient's Name: _____

Patient's Date of Birth: _____

There will be no copay due today for the Flu vaccine; however, please be advised that your insurance may require a copay after your claim is processed.

Before we can give your child the 2025-2026 **Injected Flu** Vaccine, please answer the following:

1. Has the patient already received the influenza vaccine **this season**?
☐Yes ☐No
2. Is the patient **less than 6 months** of age?
☐Yes ☐No
3. Does the patient have an **allergy/sensitivity to the influenza vaccine**?
☐Yes ☐No
4. Does the patient have an **allergy to latex**?
☐Yes ☐No
5. Has the patient received a **solid organ transplant** in the past 3 months?
☐Yes ☐No
6. Does the patient have an **allergy to Gentamicin**?
☐Yes ☐No
7. Has the patient been diagnosed with **Guillain-Barre** within 6 weeks after a previous flu vaccine?
☐Yes ☐No

Children less than 9 years old:

8. Has your child had **2 or more doses** of flu vaccine in the past (collectively)?
☐Yes ☐No (If you answered **No** to this question, your child may need a **second dose** this year.)

I acknowledge that I have received the Vaccine Information Sheet entitled "Inactivated Influenza Vaccine."

X _____
Parent Signature (unless patient is over age 18)

MA Initials _____