

**PROVIDENCE PEDIATRIC PRACTICE**  
**INFLUENZA VACCINATION SCREENING QUESTIONNAIRE**  
**(2021-2022 FLU SEASON)**

Patient's Name: \_\_\_\_\_ Date of Birth : \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Emergency Contact Name and Phone: \_\_\_\_\_  
Insurance Carrier: \_\_\_\_\_

1. Is your child currently sick with a fever of 99.5 or greater? YES NO
2. Does your child have a cough/sore throat/shortness of breath/loss of taste or smell/exposed to someone that was positive for Covid in the past 10 days/awaiting test results OR have tested positive themselves to Covid in the past 10 days?  
YES NO
3. Has your child ever had a serious reaction to the Flu Vaccine? YES NO
4. Does your child have an immunocompromising condition (ie cancer, leukemia, lymphoma, kidney removed, CSF leak, cochlear transplant, etc) or take any medication (ie steroids or chemotherapy) that lower the body's resistance to infection?  
YES NO
5. Does your child have asthma or recurrent or active wheezing? YES NO
6. Does your child have close contact with anyone who has a weakened immune system (ie receiving chemotherapy or has had a bone marrow transplant). YES NO
7. Does your child have any known allergies? Yes (specify \_\_\_\_\_) YES NO
1. Has your child received a vaccine within the past 30 days? YES NO
2. If yes, please specify \_\_\_\_\_

Please complete this form before your visit, preferably the day the vaccine is to be administered to ensure accurate reporting of symptoms. Please alert our office if you have answered YES to any of the above questions. Be prepared to wait for 10 minutes after the flu vaccine has been administered to make sure that your child does not have an adverse reaction – this is mandated by your Doctor, the American Academy of Pediatrics and the CDC,

Patient/parent/guardian Signature:

Printed Name and relationship of above:

Today's Date: \_\_\_\_\_

**PLEASE CALL FROM PARKING LOT UPON ARRIVAL. REMINDER**  
**THAT EVERYONE 2 YEARS AND OLDER NEEDS TO WEAR A MASK**  
**IN OUR OFFICE. THANK YOU!**

9/13/21