CALIFORNIA LUTHERAN UNIVERSITY
Health Services

Inactivated 2016-2017 Inactivated Influenza Virus Vaccine Screening Questionnaire

Please fill out in pen the day you are to receive the influenza vaccine:

The following questions will help us determine if there is any reason we should not give you inactivated injectable influenza vaccination today. If you answer "yes" to any question, it does not necessarily mean you should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

Please circle answers in pen

1. Are you sick today?	**Yes**	**No**	**Don't know**
2. Have you ever had a severe allergic reaction to a flu shot in the past?	**Yes**	**No**	**Don't know**
3. Are you allergic to eggs, gelatin, or other component of vaccines?	**Yes**	**No**	**Don't know**
4. Have you ever had Guillain-Barré Syndrome (GBS)? (Guillain-Barré is a disease of ascending paralysis starting from the feet)	**Yes**	**No**	**Don't know**
5. Are you pregnant? (The influenza vaccine has not been tested in pregnant women. The CDC recommends that pregnant women be vaccinated against influenza. The vaccine at Health Services does not contain thimerosal.)	**Yes**	**No**	**Don't know**

Health Services administers the Fluzone Quadrivalent which covers the following strains: A/California/07/2009 (H1N1), A/Hong Kong/4801/2014 X-263B (H3N2), B/Phuket/3073/2013 (B Yamagata lineage) and B/Brisbane/60/2008 (B Victoria lineage). We do not administer the High-Dose flu vaccine or the nasal flu vaccine.

Consent for Vaccination

I have read the Vaccine Information Sheet (VIS date: 8/7/15) for the 2016-2017 Inactivated Flu Vaccine and understand it. I understand and assume the risk of experiencing the side effects listed in the VIS and wish to receive the 2016-2017 Inactivated Influenza (Flu) Vaccine.

I hereby release and hold harmless California Lutheran University from any and all liability arising out of the receipt of this vaccine, except for liability for personal injury caused by the sole negligence or willful misconduct of California Lutheran University.

Information on Person Receiving Influenza Vaccine (Please print in pen)		**CLINIC USE ONLY**
Last Name:	First Name:	DATE VACCINATED:
Birth Date:	Age:	CIRCLE INJECTION SITE: Left / Right Deltoid
Phone Number:	Student ☐ Employee ☐ Spouse ☐	CIRCLE NAME & INITIAL: K. Lauchner, PA-C / B. Fall, PA-C P. O'Brien, LVN S. Sheehan, LVN
Signature:	Date:	MANUFACTURER/LOT #: (Circle) Sanofi Pasteur UI657AB / UI622AB Expires: 30JUN17