

Adult Screening and Immunization Documentation Form

2010-2011 Seasonal Influenza Vaccination Program

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Name (Please Print):	SSN:
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Circle answers to questions 1-11:

1	Do you currently feel sick or have a fever?	No	Yes
2	Have you ever had a serious reaction to a flu vaccine?	No	Yes
3	Do you have a history of Guillain-Barre Syndrome (GBS)?	No	Yes
4	Do you have an allergy to any of the following: eggs, egg protein, MSG, gentamicin, gelatin, arginine, neomycin, polymyxin B, thimerosal, formaldehyde, latex or other vaccine components?	No	Yes
5	Are you pregnant or planning to become pregnant in the next month?	No	Yes
6	Are you 50 years of age or older? (If marked Yes, skip questions 7-12)	No	Yes
7	Do you have a chronic health problem such as: asthma, heart disease, lung disease, kidney disease, metabolic disease (e.g., diabetes) or a blood disorder?	No	Yes
8	Do you have a weakened immune system because of HIV or another disease that affects the immune system, long-term high-dose steroid treatments, or cancer treatment with radiation or drugs?	No	Yes
9	Are you taking any prescription medicines to prevent or treat influenza? Have you taken any antivirals in the last 48 hours?	No	Yes
10	Do you live with or have close contact with severely immunocompromised individuals or someone who must be in a protective environment (such as transplant recipients)?	No	Yes
11	Have you received any vaccines within the last 30 days or do you plan to receive any vaccines in the next four weeks?	No	Yes
12	<u>If you are under 50 years of age</u> please list below all of the medications you are currently taking (for medication reconciliation):		

"I have read or have had explained to me the information in the 2010-2011 Influenza Vaccine Information Statement (VIS). I have also had a chance to ask questions and they were answered to my satisfaction. I understand the benefits and risks of the influenza vaccine."

Signature: _____ Date: _____

Below to be completed by healthcare provider

Give injectable flu vaccine today Give intranasal flu vaccine today Do not administer flu vaccine today	Vaccine Information Statement provided (check box) Inactivated Influenza Vaccine (TIV) Live, Attenuated Influenza Vaccine (LAIV)		
	<table style="width: 100%; border: none;"> <tr> <td style="width: 70%; border: none;">Interviewer's Signature</td> <td style="width: 30%; border: none;">Date</td> </tr> </table>	Interviewer's Signature	Date
Interviewer's Signature	Date		

Vaccine Administered

Live Intranasal Influenza ≤ 49 yrs (FluMist, MedImmune) Lot # _____ Dose: 0.2 ml Route: Intranasal	Inactivated Influenza (Fluzone, Sanofi-Pasteur) Inactivated Influenza ≥ 65 yrs (Fluzone High-Dose, Sanofi-Pasteur) Inactivated Influenza (Afluria, CSL) Lot # _____ Dose: 0.5 ml Route: IM Left / Right Deltoid
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Comments:

Administered by:	Date
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Information for Health Professionals about the Adult Screening Form Questions

1.	<p>Do you currently feel sick or have a fever?</p> <p>There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events. Persons with an acute febrile illness usually should not be vaccinated until their symptoms have improved. Minor illnesses with or without fever is not a contraindication of administering the influenza vaccine. If nasal congestion is present that might impede delivery of live attenuated influenza vaccine (LAIV) to nasopharyngeal mucosa, use of inactivated injectable vaccine (TIV) or deferral of administration should be considered until resolution of illness.</p>
2.	<p>Have you ever had a serious reaction to a flu vaccine?</p> <p>Patients reporting a serious reaction to a previous dose of influenza vaccine should be asked to describe their symptoms. A history of anaphylactic reaction to a previous dose of vaccine or vaccine component is a contraindication to further vaccination against influenza. Fever, malaise, myalgia, and other systemic symptoms most often affect persons who are first-time vaccinees. These mild-to-moderate local reactions are not a contra-indication to future vaccination.</p>
3.	<p>Do you have a history of Guillain-Barre Syndrome (GBS)?</p> <p>ACIP recommends NOT vaccinating persons known to have experienced Guillain-Barre Syndrome (GBS), within 6 weeks after a previous influenza vaccination and who are not at high risk for severe influenza complications.</p>
4.	<p>Do you have an allergy to eggs, egg protein, MSG, gentamicin, gelatin, arginine, neomycin, polymyxin B, thimerosal, formaldehyde, latex, or other vaccine component?</p> <p>Allergic reactions to any vaccine component can occur. Although currently all influenza vaccines contain only a limited quantity of egg protein, this protein can induce immediate allergic reactions among persons who have severe egg allergy. If a person can eat eggs, they can receive the influenza vaccine. However, persons who have experienced an anaphylactic reaction (e.g., hives, swelling of the lips or tongue, acute respiratory distress, or collapse) after eating eggs should consult a physician for appropriate evaluation to help determine if vaccine should be administered. The following lists most of the components in each vaccine; see the package insert for full list: FluMist (egg, MSG, gentamicin, gelatin, arginine), Fluzone (egg, formaldehyde, gelatin, thimerosal-multi-dose vials only, latex – single dose syringe only), and Afluria (egg, neomycin and polymyxin B, thimerosal- multi-dose vial only).</p>
5.	<p>Are you pregnant or planning to become pregnant in the next month?</p> <p>It is recommended that pregnant women and breastfeeding mothers receive the inactivated flu vaccine. Pregnant women are at increased risk for serious medical complications from influenza. The live intranasal vaccine is NOT licensed for use in pregnant women. Instead, they should be vaccinated with the injectable influenza vaccine.</p>
6.	<p>Are you 50 years of age or older?</p> <p>Patients who are older than 50 years of age should be vaccinated with the injectable influenza vaccine.</p>
7.	<p>Do you have a chronic health problem such as: asthma, heart disease, lung disease, kidney disease, metabolic disease (e.g., diabetes), or a blood disorder?</p> <p>Persons with any of these health conditions should not be given the intranasal live attenuated influenza vaccine; instead, they should be vaccinated with the injectable influenza vaccine.</p>
8.	<p>Do you have a weakened immune system because of HIV or another disease that affects the immune system, long-term high-dose steroid treatments, or cancer treatment with radiation or drugs?</p> <p>Live virus vaccines are usually contraindicated in immunocompromised people. Live virus vaccines (e.g., MMR, varicella, zoster, LAIV) should be postponed until after chemotherapy or long-term high-dose steroid therapy has ended. Instead, they should be vaccinated with the injectable influenza vaccine.</p>
9.	<p>Are you taking any prescription medicines to prevent or treat influenza? Have you taken any antivirals in the last 48 hours?</p> <p>Receipt of certain influenza antivirals (e.g., amantadine, rimantadine, zanamivir, oseltamivir) could reduce the live intranasal vaccine efficacy. Therefore, providers may want to defer vaccination with live intranasal vaccine in persons who took these antivirals within the previous 48 hours and to advise avoiding use of these antivirals for 14 days after vaccination, if feasible.</p>

10.	<p>Do you live with or expect to have close contact with severely immunocompromised individuals and who must be in a protective environment (such as transplant recipients)?</p> <p>Use of inactivated influenza vaccine is preferred for vaccinating household members, health-care workers, and others who have close contact with severely immunocompromised persons. The rationale for not using live intranasal vaccine among health-care workers caring for such patients is the theoretical risk that a live, attenuated vaccine virus could be transmitted to the severely immunocompromised person. If a health-care worker receives the live intranasal vaccine, that worker should refrain from contact with severely immunocompromised patients for 7 days after vaccine receipt.</p>
11.	<p>Have you received any vaccines within the last 30 days or do you plan to receive any vaccines in the next four weeks?</p> <p>If the person to be vaccinated was given either live intranasal vaccine or an injectable live virus vaccine (e.g., MMR, varicella, zoster, yellow fever) in the past 4 weeks, they should wait 28 days before receiving another vaccination of this type. Inactivated vaccines may be given at any spacing interval if they are not administered simultaneously.</p>
12.	<p>If you are under 50 years of age please list below all of the medications you are currently taking (<i>for medication reconciliation</i>):</p>