

**Purcellville Pediatrics Influenza Questionnaire and Consent**

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Please answer the following questions to determine your child's eligibility for influenza vaccine today. **IF QUESTION#1 IS YES, PLEASE CALL THE OFFICE TO RESCHEDULE.**

1. Has your child had any illness (fever, cough, needed antibiotics, etc) in the last 48 hours or tested positive for COVID-19 in the last two weeks?
2. Has your child taken oral steroids, antiviral medications (ie. Tamiflu), or aspirin or aspirin-containing medications in the last 2 weeks?
3. Is your child allergic to eggs, egg proteins, gentamicin, gelatin, or arginine?
4. Has your child had any type of influenza vaccine prior to today?  
If yes, did your child have a severe reaction to a previous dose of influenza vaccine?

**FOR FLUMIST ONLY:**

5. Has your child had episodes of wheezing, used albuterol or xopenex inhalers or nebulizer treatments, or have a diagnosis of asthma?
6. Does your child have any chronic medical conditions such as diabetes, heart disease, or kidney disease?
7. Has your child had any vaccines in the last month?
8. Does your child take intranasal steroids (ie: Flonase, Nasonex, Rhinocort, etc.)?  
If yes, when was the last dose?

I have received the Vaccine Information Sheet from the Center for Disease Control and Prevention dated 8/15/19 explaining the vaccine and possible adverse reactions. I have had the opportunity to have all of my questions answered regarding the recommended vaccine. I certify that the answers to the above questions are true to the best of my knowledge. My signature below acknowledges that I permit my child to receive the influenza vaccine today and that I understand if my insurance does not cover the cost of the office visit, the vaccine, and its administration, I will be responsible for full payment.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Printed Name: \_\_\_\_\_

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For Nursing Use Only:

Temp: \_\_\_\_\_ Site of Vaccine Admin: \_\_\_\_\_ Nurse Initials: \_\_\_\_\_  
Vaccine: \_\_\_\_\_ Lot #: \_\_\_\_\_ Exp: \_\_\_\_\_