PEDIATRIC AND ADULT INFLUENZA SCREENING AND IMMUNIZATION DOCUMENTATION

PRIVACY ACT STATEMENT

Information supplied using this form is protected by the Privacy Act of 1974, as amended. The applicable systems of records are: A0040-66b DASG, Health Care and Medical Treatment Record System (April 4, 2003, 68 FR 16484) available at https://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/569974/a0040-66b-dasg/, and NM06150-6, Medical Readiness Reporting System (August 23, 2013, 78 FR 52518) available at https://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570450/nm06150-6/.

The following questions will help us determine if we should give you the influenza vaccination today. If you answer "yes" to any questions, we will ask additional questions to determine which vaccine, if any, you will receive. Please speak to your healthcare provider if you have any questions.

1. NAME *(Last, First, Middle Initial)*	2. DoD ID NUMBER	3. DATE OF BIRTH *(YYYYMMDD)*	4. AGE	5. DATE *(YYYYMMDD)*

6. CATEGORY: ☐ Service Member ☐ Beneficiary ☐ Civilian Contractor ☐ Civilian GS/WS ☐ Red Cross/Volunteer

PART I – COMPLETED BY PATIENT	**YES**	**NO**
(1) Are you currently sick, feel ill, or have a fever over 100°?	☐	☐
(2) Have you had a serious reaction, other than Flu-like symptoms, following an influenza vaccine in the past?	☐	☐
(3) Have you ever experienced numbness or weakness of your legs or elsewhere (Guillain-Barré syndrome) within 6 weeks of receiving an influenza vaccine?	☐	☐
(4) Have you ever had, or been treated for, an allergic reaction (flushing, hives, wheezing, and/or low blood pressure) to any vaccine, or do you have an allergy to any of the following: eggs, chicken, gelatin, MSG,Gentamicin, Neomycin, Polymyxin-B, thimerosal, formaldehyde, latex, or other vaccine component?	☐	☐
(5) If your child is between 6 months and 8 years of age, has your child received at least two (2) previous doses of influenza vaccine? ☐ **NOT APPLICABLE**	☐	☐
(6) Have you received an influenza vaccine within the past 30 days?	☐	☐

7. ACKNOWLEDGMENT

I have read or have had explained to me the information in the current 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.

a. NAME _____ b. SIGNATURE _____ c. DATE _____

PART II – COMPLETED BY SCREENER

8. ASSESSMENT

☐ Give inactivated flu vaccine today
☐ Do not administer flu vaccine today
☐ Refer to experienced provider for further evaluation

9. Vaccine Information Statement provided *(check box)*

☐ Inactivated Influenza Vaccine (IIV)

10. SCREENER INFORMATION

a. NAME b. SIGNATURE c. DATE

PART III – COMPLETED BY VACCINATOR

11. VACCINE ADMINISTERED

☐ Afluria Quad (IIV4)	6-35mo (0.25mL), ≥ 36 mo (0.5 mL)
☐ Fluad (aIIV4)	≥ 65 yrs
☐ Fluarix Quad (IIV4)	≥ 6 mos
☐ Flublok Quad (RIV4)	≥ 18 yrs
☐ Flucelvax Quad (ccIIV4)	≥ 4 yrs
☐ Flulaval Quad (IIV4)	≥ 6 mos
☐ Fluzone Quad (IIV4)	≥ 6 mos ☐ Northern ☐ Southern
☐ Fluzone - HD (IIV4-HD)	≥ 65 yrs
☐ Other:	

12. LOT #:

13. MANUFACTURER:

14. EXPIRATION DATE: *(YYYYMMDD)*

15. DOSE: OR PLACE STICKER HERE:

☐ 0.7 mL ☐ 0.5 mL ☐ 0.25 mL

16. SITE:

☐ Deltoid / ☐ Thigh
☐ Left / ☐ Right

17. COMMENTS:

18. ADMINISTERED BY:

19. DATE *(YYYYMMDD)*

ASIMS / MEDPROS / MRRS Entry

20. NAME:

21. DATE *(YYYYMMDD)*

Part 1 Screening Information for Healthcare Professionals

(1) Are you currently sick, feel ill, or have a fever over 100°?

There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events. People with a moderate or severe illness should not be vaccinated until their symptoms have improved. Minor illnesses with or without fever or taking antibiotics do not preclude use of influenza vaccine.

(2) Have you ever had a serious reaction other than Flu-like symptoms following an influenza vaccine in the past?

Patients reporting a serious reaction to a previous dose of inactivated influenza vaccine should be asked to describe their symptoms. Immediate – presumably allergic – reactions are usually a contraindication to further vaccination (see question 4). Flu-like symptoms (malaise, myalgia, other systemic symptoms), vaccination site reactions, and syncope have been reported with the influenza vaccine. These mild-to-moderate reactions are not a contraindication to future vaccination. However, moderate-to-severe non-allergic reactions including significant local reactions following vaccination should be evaluated by an experienced provider prior to revaccination.

(3) Have you ever experienced numbness or weakness of your legs or elsewhere (Guillain-Barré syndrome) within 6 weeks of receiving the influenza vaccine?

A history of Guillain-Barré syndrome (GBS) within 6 weeks of Influenza vaccination is a revaccination precaution.Individuals with history of GBS following vaccination may be considered for influenza vaccination as the likelihood of a GBS recurrence following vaccination is extremely low. However, it is prudent to consider the potential risks of vaccination especially in people who are not at high risk for severe influenza complications. Although data are limited, the benefits of influenza vaccination for the majority of people who have a history of GBS, and who are at high risk for severe complications from influenza, justify yearly vaccination. Because of the association of GBS with influenza disease, it may be prudent to vaccinate with the injectable vaccine rather than the nasal (live) vaccine.

(4) Have you ever had or been treated for an allergic reaction (flushing, hives, wheezing, and/or low blood pressure) to any vaccine or do you have an allergy to any of the following: eggs, chicken, gelatin, MSG, arginine, gentamicin, neomycin, polymyxin B, thimerosal, formaldehyde, LATEX, or other vaccine components?

All vaccines, including influenza vaccines, contain components that might cause allergic/ anaphylactic reactions(flushing, hives, wheezing, and/or low blood pressure). In the past, egg allergy was considered a contraindication to influenza vaccination. This is not the case today. All persons who report having reactions to egg involving any sort of allergic symptom such as hives, angioedema, respiratory distress, light headedness, or recurrent vomiting,may receive any licensed flu vaccine appropriate for their age and health status. If the reaction required epinephrine or other emergency medical intervention, the vaccine should be administered in a medical setting,supervised by a health care provider who is able to recognize and manage severe allergic conditions. However, not all allergic reactions following influenza vaccination are related to egg protein. A previous severe allergic reaction to flu vaccine itself is a contraindication to future receipt of that vaccine until evaluated by an experienced Allergist to determine the causal component. Once the allergic component has been identified, any flu vaccine that does not containing that component (check the package insert) may be safely administered. Influenza vaccines provided in multi-dose vials contains thimerosal as a preservative. Most people who have reacted to thimerosal (e.g., contact lens solution sensitivity) do not have reactions to thimerosal used in vaccines.

(5) If child is between 6 months and 8 years of age, has child received at least 2 doses of flu vaccine?

Evidence from several studies indicates that children aged 6 months through 8 years require 2 doses of influenza vaccine (administered a minimum of 4 weeks apart) during their first season of vaccination for optimal protection. Children. Children aged 6 months through 8 years who have previously received ≥ 2 total doses of trivalent or quadrivalent influenza vaccine before July 1 of this flu season require only 1 dose. The two previous doses need not have been given during the same season or consecutive seasons. Children in this age group who have not previously received a total of ≥ 2 doses of trivalent or quadrivalent influenza vaccine before July 1 of this season require 2 doses for the this season. The interval between the 2 doses should be at least 4 weeks.

(6) Have you received an influenza vaccine within the past 30 days?

Multiple formulations of Northern hemisphere influenza vaccine and one vaccine for Southern hemisphere influenza are available in the United States. Personnel traveling to, or residing in, either the Northern or Southern Hemisphere during that hemisphere's influenza season should be vaccinated with the appropriate formulation. Northern and Southern Hemisphere Influenza vaccines, if both are received, should be separated by at least 28 days.