

SIERRA COUNTY PUBLIC HEALTH DEPARTMENT



Seasonal Flu Shot Form

PRINT NAME: _____ SEX: M ___ F ___

DATE OF BIRTH: _____ AGE: _____ PHONE NUMBER: _____

MAILING ADDRESS: _____ ZIP CODE: _____

PHYSICAL ADDRESS: _____

EMAIL: _____

- | | Yes | No | Don't Know |
|--|--------------------------|--------------------------|--------------------------|
| 1. Is the person to be vaccinated sick today? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the person to be vaccinated have an allergy to an ingredient of the vaccine? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has the person to be vaccinated ever had Guillain-Barre' syndrome? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has the person to be vaccinated ever felt dizzy or faint before, during or after a shot? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is the person to be vaccinated anxious about getting a shot today? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

I have read or had explained to me the "Influenza Vaccine Information Statement". I have had an opportunity to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of influenza vaccine and request that it be given to me or to the person for whom I am authorized to make this request. I authorize my/my child's Immunizations to be input in the California Immunization Registry.

Print Name

Signature

Date: _____

Information for Healthcare Professionals about the Screening Checklist for Contraindications to Injectable Influenza Vaccination (IIV or RIV)

Are you interested in knowing why we included a certain question on the screening checklist? If so, read the information below. If you want to find out even more, consult the “Note” below.

NOTE: For supporting documentation on the answers given below, go to the ACIP vaccine recommendation found at www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/flu.html.

1. Is the person to be vaccinated sick today?

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

2. Does the person to be vaccinated have an allergy to an ingredient of the vaccine?

All vaccines, including influenza vaccines, contain various components that might cause allergic reactions, including anaphylaxis.

ACIP and CDC do not consider egg allergy of any severity to be a contraindication or precaution to egg-based influenza vaccines: people with any type of egg allergy may receive any influenza vaccine (egg-based or non-egg-based) that is otherwise appropriate for their age and health status.

Inactivated influenza vaccines provided in multidose vials contain thimerosal as a preservative. Most people who had sensitivity to thimerosal when it was used in contact lens solution do not have reactions to thimerosal when it is used in vaccines.

Check the package insert at www.immunize.org/official-guidance/fda/pkg-inserts for a list of the vaccine components (i.e., excipients and culture media) used in the production of the vaccine, or go to www.fda.gov/vaccines-blood-biologics/vaccines/vaccines-licensed-use-united-states.

For the 2024–2025 influenza season, no vaccine or packaging contains latex.

3. Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past?

Patients reporting a serious reaction to a previous dose of influenza vaccine should be asked to describe their symptoms. Immediate—presumably allergic—reactions are usually a contraindication to further vaccination against influenza. Do not give any egg-based IIV to a person who has experienced a serious systemic or anaphylactic reaction to a prior dose of any influenza vaccine (i.e., egg-based inactivated influenza vaccine [IIV], cell culture-based IIV [cIIV], recombinant influenza vaccine [RIV], or live attenuated influenza vaccine [LAIV]). For cIIV, history of a severe allergic reaction (e.g., anaphylaxis) to any cIIV or any component of cIIV is a contraindication to future use of cIIV. For RIV, history of a severe allergic reaction (e.g., anaphylaxis) to any RIV or any component of RIV is a contraindication to future use of RIV.

Fever, malaise, myalgia, and other systemic symptoms most often affect people who are first-time vaccinees. These local reactions are not a contraindication to future vaccination. These people can receive injectable vaccine without further evaluation.

A history of a severe allergic reaction to a previous dose of any egg-based IIV, LAIV, or RIV is a precaution to use of cIIV. A history of a severe allergic reaction to a previous dose of any egg-based IIV, cIIV, or LAIV is a precaution to use of RIV. Use of cIIV and RIV in such instances should occur in an inpatient or outpatient medical setting under supervision of a provider who can recognize and manage a severe allergic reaction; providers can also consider consulting with an allergist to help identify the vaccine component responsible for the reaction.

4. Has the person to be vaccinated ever had Guillain-Barré Syndrome?

People who are not at high risk for severe influenza complications and who are known to have developed Guillain-Barré syndrome (GBS) within 6 weeks after receiving a previous influenza vaccination should not be vaccinated. As an alternative, clinicians might consider using influenza antiviral chemoprophylaxis for these people. However, the benefits of influenza vaccination might outweigh the possible risks for certain people who have a history of GBS within 6 weeks after receipt of influenza vaccine and who are at higher risk for severe complications from influenza.

5. Has the person to be vaccinated ever felt dizzy or faint before, during, or after a shot?

Fainting (syncope) or dizziness (presyncope) is not a contraindication or precaution to vaccination. However, for some people these can be a response to vaccination anxiety. People in adolescent and young adult age groups are more likely to experience syncope. CDC recommends that vaccine providers consider observing all patients for 15 minutes after vaccination. This is especially important for people with a pattern of injection-related syncope. For more information about vaccination-related syncope, see www.immunize.org/catg.d/p4260.pdf.

6. Is the person to be vaccinated anxious about getting a shot today?

Anxiety can lead to vaccine hesitancy or avoidance. Simple steps can help a patient's anxiety about vaccination. Visit Immunize.org's "Improving the Vaccination Experience" for clinical resources by going to www.immunize.org/clinical/vaccine-confidence/topic/improving-vaccine-experience/.