Danny Hernandez MD, CIME

524 West Broad Street
Quakertown, Pa 18951
P: 215-538-6113 F: 215-538-6117

35 East Elizabeth Ave. Suite 3
Bethlehem, Pa 18018
P: 610-419-3388 F: 610-419-3266

Influenza Vaccination Information Sheet

Name: _____

Date of Birth: _____

Address: _____

_____

Phone Number: _____

Insurance ID: _____

Subscriber: _____ If not self: Spouse name: _____

Spouse DOB: _____

Screening Checklist for Contraindications to Inactivated Injectable Influenza Vaccination:

For adult patients as well as parents of children to be vaccinated: The following questions will help us determine if there is any reason we should not give you or your child inactivated injectable influenza vaccination today. If you answer "yes" to any question, it does not necessarily mean you (or your child) 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.

1. Is the person to be vaccinated sick today? Yes No Don't Know

2. Does the person to be vaccinated have an allergy to eggs or to a component of the vaccine?
Yes No Don't know

3. Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past?
Yes No Don't know

4. Has the person to be vaccinated ever had Guillain-Barré syndrome?
Yes No Don't know

Patient Signature: _____ Date: _____

Vaccination Brand: _____ Lot: _____

Site of vaccination: _____ By: _____