



Salina-Saline County Health Department
125 W. Elm
Salina, KS 67401
785-826-6602

STAFF USE ONLY

Under 2 _____ Cognitive _____
 Mobility _____ Literacy _____
 Vision _____ Fever _____
 Hearing _____ Language _____
 Egg Allergy _____

***** PLEASE PRINT *** PLEASE PRINT *** PLEASE PRINT *****

ADULT INFLUENZA IMMUNIZATION QUESTIONNAIRE

CLIENT NAME: _____ BIRTHDAY: _____ MALE / FEMALE
First M. Last Mo. Day Year (Circle one)

CLIENT ADDRESS: _____ CITY: _____ ZIP: _____

CLIENT PHONE #: _____ RACE: White Black Asian/Pacific Islander Hispanic/Non Hispanic
(Circle)

PRIMARY CARE PHYSICIAN: _____

PLEASE CIRCLE: ***PLEASE PRESENT YOUR INSURANCE CARD*******

MEDICARE MEDICARE ADVANTAGE PLAN C BCBS MEDICAID SELF PAY

PLEASE CHECK YES OR NO **YES** OR **NO**

1. Have you ever had a flu shot in the past? _____
2. Are you feeling well today? _____
3. Have you had a fever in the last 3 days? _____
4. Do you have a history of convulsions (seizures) following an illness or fever? _____
5. Are you allergic to eggs or ever had an allergic reaction after eating eggs? _____
6. Have you ever had a history of paralysis from Guillian-Barre Syndrome? _____
7. Are you allergic to Thimerosal (mercury)? _____

PLEASE READ: I have read or have had explained to me the information about influenza and the influenza vaccine. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of influenza vaccine and ask that the vaccine be given to me or to the person named above for whom I am authorized to make this request. This also gives permission to bill Medicaid/Medicare if applicable. I have received a copy of the HIPPA guidelines for this agency and understand the privacy act as outlined.

 Signature Required Date

FOR CLINIC USE ONLY - DO NOT WRITE BELOW THIS LINE

Date of Injection: _____ Site of Injection: Rt. Deltoid Lt. Deltoid Rt. VL Lt. VL

Fluarix (GSK): **AFLUA628BA** **AFLUA633AA** **AFLUA638AA**

FluZone (Sanofi Pastuer) (≥6mo): **UH470AD**

Manufacturer/Expires: 6/30/2012 VIS 7/26/11

Signature and Title of Administrator: _____