New Paltz
STATE UNIVERSITY OF NEW YORK
Student Health Service ▪ Division of Student Affairs
1 Hawk Drive ▪ New Paltz, NY 12561-2443 ▪ 845-257-3400 ▪ Fax 845-257-3415
healthservice@newpaltz.edu

Student Name: _____ Date of Birth: _____ Student ID# N0_____

Birth Country: _____ Your age: _____ Mother's Maiden Name: _____

Injectable Influenza Vaccination Screening Questionnaire

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 **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 us to explain it.

1. Are you sick today? ☐ Yes ☐ No
2. Do you have allergies to eggs or gelatin? ☐ Yes ☐ No
3. Have you ever had a serious reaction after receiving any vaccine? ☐ Yes ☐ No
4. Have you ever had a reaction after receiving an Influenza vaccination? ☐ Yes ☐ No
5. Have you ever had Guillian-Barre syndrome? ☐ Yes ☐ No
6. Do you have any chronic illnesses? ☐ Yes ☐ No
7. Do you currently take any medications especially any immunosuppressant medications? (eg. Prednisone) ☐ Yes ☐ No
8. For women: are you pregnant or planning on becoming pregnant? ☐ Yes ☐ No
   Last Menstrual Period: _____
9. For women: are you breastfeeding? ☐ Yes ☐ No

Injectable Influenza Consent:
I have read, or have had explained to me, the information sheet about **Injectable Influenza vaccination**. I have had a chance to ask questions which were answered to my satisfaction and I understand the benefits and risks of the vaccination as described in the vaccination information sheet.

I request the Influenza vaccination to be given to: ☐ **Me** **or** ☐ **My Child**

_____ _____
Signature of recipient (or parent or guardian) Date

FOR OFFICE USE ONLY:							
VACCINE	**DATE GIVEN**	**SITE**	**MFR.**	**LOT #**	**EXP. DATE**	**VIS DATE**	**NURSE SIGN**
Influenza							