

# CENTER CITY PEDIATRICS – FLU QUESTIONNAIRE 2020 – 2021

Today's Date: \_\_\_\_\_

Room Number: \_\_\_\_\_

Child Name: \_\_\_\_\_

Child Date of Birth: \_\_\_\_\_

Has your child had a previous flu shot this season? • If yes, was the first dose given 28 days or more ago?	YES / NO YES / NO
Is your child under 9 years old? • Has your child had at least 2 doses of influenza vaccine prior to July 1 <sup>st</sup> of this year?	YES / NO YES / NO
Has your child had a fever of 101F or higher within the past 24 hours? • If yes, not a candidate for flu shot visit without further nurse/provider assessment.	YES / NO
Does your child have a history of Guillain-Barre Syndrome? • If yes, not a candidate for flu shot visit without provider approval.	YES / NO
Does your child have a history of a serious adverse reaction or allergic reaction to prior flu shot? • If yes, not a candidate for Self-Scheduling; must discuss with a provider.	YES / NO

I have received a Vaccine Information Sheet (VIS) from the CDC and have read, or have had explained to me, information about the FLU vaccine. I had a chance to ask questions that were answered to my satisfaction. I understand the benefits and risks of the FLU vaccine and ask that the FLU vaccine be given to the person named above for whom I am authorized to make this request.

Parent/Guardian Signature: \_\_\_\_\_

Print Parent Guardian Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

**Back Office Use Only:**

Circle location administered: Center City / Bala Cynwyd / Fishtown

MA Initials: \_\_\_\_\_ Lot #: \_\_\_\_\_

Site of Injection: \_\_\_\_\_

VFC or PRIVATE Dosage: .5ml / 2ml Exp Date: \_\_\_\_\_

Mfr: Sanofi / McKesson

*Charges Billed*