

Children's Health
725 Welch Road, Palo Alto, CA 94304



Questionnaire • Flu Vaccination

Influenza/Flu Vaccine --Patient Questionnaire

At this time, does the patient have a moderate or severe illness with or without fever? YES NO

Is the patient immune compromised or have a chronic illness? YES NO

In the past, did the patient have:

A severe allergy to influenza vaccine or to a component of the influenza vaccine? YES NO

A diagnosis of Guillain-Barre syndrome within 6 weeks after an influenza vaccine? YES NO

An organ transplant within the past 30 days? YES NO

A stem cell transplant within the past 6 months? YES NO

Please note: If your child is under the age of 9, and this is either your child's first flu vaccine or your child has had only one influenza vaccine in the past (prior to July 1, 2024), then he or she will need a second dose in one month.

Patient/Parent Name: _____ DOB: _____

Patient/Parent signature: _____ Date: _____

L15700

(09/24)

Children's Health
725 Welch Road, Palo Alto, CA 94304



Questionnaire • Flu Vaccination

Influenza/Flu Vaccine --Patient Questionnaire

At this time, does the patient have a moderate or severe illness with or without fever? YES NO

Is the patient immune compromised or have a chronic illness? YES NO

In the past, did the patient have:

A severe allergy to influenza vaccine or to a component of the influenza vaccine? YES NO

A diagnosis of Guillain-Barre syndrome within 6 weeks after an influenza vaccine? YES NO

An organ transplant within the past 30 days? YES NO

A stem cell transplant within the past 6 months? YES NO

Please note: If your child is under the age of 9, and this is either your child's first flu vaccine or your child has had only one influenza vaccine in the past (prior to July 1, 2024), then he or she will need a second dose in one month.

Patient/Parent Name: _____ DOB: _____

Patient/Parent signature: _____ Date: _____

L15700

(09/24)