Riverdale Pediatrics, P.C.	Child's name:
	Date of birth:

Influenza Vaccine Screening Questionnaire

2016-2017 Influenza Season

Is the patient sick today?	Yes ☐ No ☐ Don't know ☐
Does the patient to be vaccinated have an allergy to eggs or to a component of the vaccine?	Yes ☐ No ☐ Don't know ☐
Has the patient to be vaccinated today ever had a serious reaction to the influenza vaccine in the past?	Yes ☐ No ☐ Don't know ☐

I have been given the information sheet regarding the flu vaccine (VIS date 08/07/2015) and understand the benefits and risks of this vaccine.	
Your name	Your relationship to the child
Signature	Date

Office only. Form reviewed by: