Child's Name:_____

Child's DOB:_____

Does your child have: ☐ Commercial Insurance ☐ Medicaid/BadgerCare/State Insurance

☐ Health share plan (i.e. Medishare, Libertyshare, etc) ☐ No Health Insurance

Tosa Pediatrics Child
Influenza Vaccine Screening Questionnaire

For vaccine recipients: Please answer the following questions. If the questions are unclear, please ask your healthcare provider. A parent must complete the form for children < 18 years of age.

1.	Has your child had a fever in the last 24 hours?	Yes	No	Don't Know
2.	Does your child have any allergies to medications, food chemicals, latex or any vaccine? If yes, please describe: _____.	Yes	No	Don't Know
3.	Has your child had a serious reaction to the flu vaccine in the past? If yes, please describe: _____.	Yes	No	Don't Know
4.	Has your child had a neurological illness, such as Guillain-Barre' syndrome (a progressive paralysis of the body)?	Yes	No	Don't Know
5.	**8 years and younger only:** Has your child received at least 2 doses of the flu vaccine in the past?	Yes	No	Don't Know

Flu Mist Only Questions

6.	Has a healthcare provider told you that your child has had wheezing or asthma in the last 12 months?	Yes	No	Don't Know
7.	Do you plan on having close contact within the next 7 days with any individuals who immune system is severely compromised?	Yes	No	Don't Know
8.	Has your child received the MMR or Chickenpox vaccine in the last four (4) weeks?	Yes	No	Don't Know

CONSENT FOR VACCINATION: I have read, or have had explained to me, the Vaccine Information Statement for the vaccine (www.OCPH.info). I have had a chance to ask questions that were answered to my satisfaction. I understand the benefits and risks of the vaccine requested and ask that the Flu vaccine be given to the person named above for whom I am authorized to make this request. I understand that a record of this immunization may be shared through the Wisconsin Immunization Registry (WIR) and with other health care providers directly involved with the vaccinated person's care. A copy of this consent form is as valid as the original.

Parent Signature: _____ Date: _____