

**THE FRED W. ALBRECHT GROCERY CO. / ACME PHARMACY
INACTIVATED INFLUENZA VACCINE ADMINISTRATION RECORD**

FOR PATIENTS TO BE VACCINATED: The following questions will help us determine if there is any reason we should not give you the influenza vaccination today. If you answer "yes" to any question, it does not necessarily mean you should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your pharmacist to explain it.

1. Are you sick today? ___ YES ___ NO
2. Do you have an allergy to any vaccine component? ___ YES ___ NO
3. Are you allergic to egg or egg products? ___ YES ___ NO
4. Have you ever had a serious reaction after receiving a vaccine? ___ YES ___ NO
5. Do you have a history of Guillain Barre Syndrome? ___ YES ___ NO
6. Do you have a latex allergy? ___ YES ___ NO
7. Are you pregnant? ___ YES ___ NO
8. Please circle your age group: 7 to 64 years old 65 years or older

INFORMATION ABOUT THE PERSON TO RECEIVE VACCINE (please print)

Name _____ Birthday _____ Gender M F
First MI Last mm / dd / yyyy

Address _____ Phone _____
Street City State Zip

Family Doctor _____ Doctor's Office Phone _____

Insurance Name _____ Insurance Member ID # _____

CONSENT FOR VACCINATION

I have read the Influenza Vaccine Information Statement and understand the risks and benefits of the vaccine. I have had a chance to ask questions. I give permission for an Acme Pharmacist to administer the vaccine and notify my provider. I authorize the release of any medical information necessary to process this claim and request payment of government benefits either to myself or to the party who accepts assignment.

Signature of Patient/Legal Guardian: _____ Date: _____

FOR CLINIC / OFFICE USE

Clinic / Office Address	ACME #
Date Vaccine / VIS Administered	VIS Dated 8/7/15
Vaccine Manufacturer	
Vaccine Lot Number	
Vaccine Expiration Date	
Site of Deltoid IM Injection (0.5 mL)	L R
Check Box Once VAR Faxed to PCP (only if patient <18 yo)	<input type="checkbox"/>
Rx Label Tab	

Signature of Vaccine Administrator: _____ Title: _____

Understanding the Screening Questionnaire for Adult Immunizations

The information below has been adapted from *Information for Health Professionals about the Screening Questionnaire for Adults*, 2010 Aim Tool Kit – Adult Section revised November 23, 2009, and the 2006 General Recommendations on Immunizations, *MMWR2006*; 55 (RR-15).

REMINDER: RX is NOT required for patients ≥ 7 years old!

1. Are you sick today?

There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events. However, with moderate or severe acute illness, all vaccines should be delayed until the illness has improved. Mild illnesses (such as upper respiratory infections or diarrhea) are not contraindications to vaccination. Do not withhold vaccination if a person is taking antibiotics.

2. Do you have an allergy to any vaccine component?

Differentiate between side effects and allergic reactions! Anaphylactic reaction such as hives, wheezing or difficulty breathing, or circulatory collapse or shock (not fainting) from a vaccine component is a contraindication for the vaccine.

Fluzone contains gelatin as a stabilizer. Thimerosal is a mercury-containing preservative that may be present in the vaccine.

3. Are you allergic to egg or egg products?

- The majority of reactions probably are caused by residual egg protein. Although most current influenza vaccines contain only a limited quantity of egg protein, this protein can induce immediate allergic reactions among people who have severe egg allergy. ****Refer patient to doctor if you are unclear the severity of egg allergy.**
- An egg-free recombinant hemagglutinin vaccine (RIV) may be used in people age 18 through 49 years with egg allergy of any severity who have no other contraindications. People who do not meet the age criteria for RIV who have experienced a serious systemic or anaphylactic reaction (e.g., hives, swelling of the lips or tongue, acute respiratory distress, or collapse) after eating eggs should consult a specialist for appropriate evaluation to help determine if vaccine should be administered. People who have documented immunoglobulin E (IgE)-mediated hypersensitivity to eggs, including those who have had occupational asthma or other allergic responses to egg protein, might also be at increased risk for allergic reactions to influenza vaccine.
- Some people who report allergy to egg might not be egg-allergic. If a person can eat lightly cooked eggs (e.g., scrambled eggs), they are unlikely to have an egg allergy. However, people who can tolerate egg in baked products (e.g., cake) might still have an egg allergy. If the person develops hives only after ingesting eggs, CDC recommends they receive either inactivated influenza vaccine (IIV) or, if age-eligible, RIV (not LAIV). If IIV is to be administered, CDC further recommends 1) the vaccine be administered by a healthcare provider familiar with the potential manifestations of egg allergy and 2) the vaccine recipient be observed for at least 30 minutes after receipt of the vaccine for signs of a reaction.
- Fluzone contains gelatin as a stabilizer; therefore a history of anaphylactic reaction to gelatin is a contraindication.

4. Have you ever had a serious reaction after receiving a vaccine?

History of anaphylactic reaction to a vaccine component is a contraindication for subsequent doses. Fever, malaise, myalgia, and other systemic symptoms most often affect people who are first-time vaccinees. These mild-to-moderate local reactions are not a contraindication to future vaccination. Also, red eyes or mild upper facial swelling following vaccination with inactivated injectable influenza vaccine is most likely a coincidental event and not related to the vaccine; these people can receive injectable vaccine without further evaluation.

5. Do you have a history of Guillain Barre Syndrome?

It is prudent to avoid vaccinating people who are not at high risk for severe influenza complications but who are known to have developed Guillain Barre Syndrome (GBS) within 6 weeks after receiving a previous influenza vaccination. As an alternative, physicians might consider using influenza antiviral chemoprophylaxis for these people. Although data are limited, the established benefits of influenza vaccination for the majority of people who have a history of GBS, and who are at high risk for severe complications from influenza, justify yearly vaccination.

6. Do you have a latex allergy?

Fluvirin and Agriflu use latex in the vaccine's packaging (in the syringe tip cap). Fluarix, Flucelvax, Fluzone, Fluzone High-Dose, Fluzone Intradermal, Flulaval, Afluria and FluMist do not use latex in the packaging of the vaccine. Be sure to use latex-free gloves and band-aids in a patient with a mild latex allergy.

7. Are you pregnant?

All trimesters of pregnancy= recommend **inactivated** influenza vaccine!

8. Please circle your age group.

- 7-64 years old: recommend any brand of trivalent or quadrivalent influenza (do NOT recommend Fluzone HD)
- ≥ 65 years old: recommend Fluzone **HD** (if not available, can recommend any brand of trivalent or quadrivalent influenza)

Sources:

1. CDC. General Recommendations on Immunization, at www.cdc.gov/vaccines/hcp/acip-recs/index.html.
2. CDC. Epidemiology & Prevention of Vaccine-Preventable Diseases, WL Atkinson et al., editors, at www.cdc.gov/vaccines/pubs/pinkbook/index.html.
3. CDC. Summary Recommendations: Prevention and Control of Influenza with Vaccines: Recommendations of ACIP- United States, 2013-14: at www.cdc.gov/flu/professionals/acip/2013-summary-recommendations.htm.
4. Table of Vaccine Components: www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.