

**TUCSON WOMEN'S CENTER SCREENING QUESTIONNAIRE AND REQUEST  
FOR THE SEASONAL INFLUENZA VACCINATION**

Yes No Have you ever had a flue shot (If yes, list date of last vaccination\_\_\_\_\_)

Yes No Are you allergic to eggs or egg products?

Yes No Are you sick with a fever?

Yes No Have you ever had a reaction to a flu shot

Yes No Are you allergic to thimerosal?

Yes No Are you allergic to latex

Yes No Are you or anyone in your household immunocompromised?

Yes No Do you have an active nerve disorder like MS or Parkinson's disease?

Yes No Do you have a history of Guillain-Barre syndrome

- I have read the 2009-2010 Seasonal Flu Vaccine Information Statement. I have had the opportunity to ask questions, and my questions have been answered to my satisfaction. I understand the benefits and risks of the Seasonal Influenza vaccination as described.
- I believe that the benefits outweigh the risks and I assume full responsibility for any reactions that may result. I waive and release any and all claims against Tucson Women's Center for any damages or injuries arising out of or related to the receipt of the Seasonal Influenza Vaccine.

**I AM REQUESTING THAT THE 2009-2010 SEASONAL VACCINE BE  
GIVEN TO ME**

\_\_\_\_\_  
Signature of patient

\_\_\_\_\_  
Printed name of patient

\_\_\_\_\_  
Date