

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

- Yes No Has your child ever had a flue shot? Date of most recent _____
- Yes No Is your child allergic to eggs or egg products?
- Yes No Is your child sick with a fever?
- Yes No Has your child ever had a reaction to a flu shot
- Yes No Is your child allergic to thimerosal?
- Yes No Is your child allergic to latex
- Yes No Is your child or anyone in your household immunocompromised?
- Yes No Does your child have an active nerve disorder like MS or Parkinson's disease?
- Yes No Does your child 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 understand that the documentation of my child's vaccination will be placed in the Statewide Immunization Registry

**I AM REQUESTING THAT THE 2009-2010 SEASONAL VACCINE BE
GIVEN TO MY CHILD FOR WHOM I AM LEGAL GUARDIAN.**

Signature of parent or legal guardian

Printed name of parent/guardian Date