



## Seasonal Flu Vaccination Form

## 2011 - 2012 Insurance Information

The following questions will help us to know if your child can get the 2011 Seasonal Flu Vaccine. Please mark YES or NO for each question.

- A. If you answer "YES" to one or more of the four questions, your child will not be able to receive the flu vaccine. If you answer "NO" to the following questions your child will receive the vaccine unless a concern arises following additional screening. If you are not sure of the answers to these questions, please check with your child's healthcare provider.

	YES	NO
1. Does your child have a serious allergy to eggs?		
2. Does your child have a serious allergy to gentamicin, neomycin, polymixin or gelatin?		
3. Has your child ever had a serious reaction to a previous dose of flu vaccine?		
4. Has your child ever had Guillain-Barré Syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine?		

- B. There are two kinds of flu vaccine. Your answers to the following questions will help us determine which vaccine your child may receive.

	YES	NO
1. Does your child have any of the following: asthma, diabetes (or other type of metabolic disease), or disease of the lungs, heart, kidneys, liver, nerves, or blood?		
2. If your child is 2-4 years of age, has a healthcare provider told you that your child had wheezing or asthma within the last 12 months?		
3. Is your child on long-term aspirin or aspirin-containing therapy (for example, does your child take aspirin every day)?		
4. Does your child have a weak immune system (for example, from HIV, cancer, or medications such as steroids or those used to treat cancer)?		
5. Is your child pregnant?		
6. Does your child have close contact with a person who needs care in a protected environment (for example, someone who has recently had a bone marrow transplant)?		

Please be sure to complete all of the information on the front side of this form.

Thank you.