



## 2022-2023 FLU VACCINATION SCREENING QUESTIONS – DRIVE-UP

Please review the following questions. The answers to these questions will help us determine if you can receive the flu vaccine. If you answer “Yes” to a question, it does not necessarily mean you (or your child) should not be vaccinated. It just means additional questions must be asked.

Please ask the immunization staff if you are not sure what a question means.

It is recommended that you wait 15 minutes after the immunization in case of allergic reaction or light-headedness

### QUESTIONS FOR ALL PATIENTS

**YES**      **NO**

1. Have you ever had a severe allergic reaction after a previous dose of any flu vaccine or any flu vaccine component (other than egg)?		
2. Are you sick today?		
3. Have you ever had Guillain-Barre Syndrome (illness with paralysis and hospitalization) within 6 weeks of receiving a previous dose of flu vaccine?		

### ADDITIONAL QUESTIONS IF YOU ARE 2 THROUGH 49 YEARS OLD AND DESIRE FLUMIST

**YES**      **NO**

4. If under 18 years old, are you on long term aspirin therapy?		
5. Are you, or could you be pregnant?		
6. Have you taken any antiviral medication for influenza within the last 3 weeks? <i>For example, Tamiflu, Relenza, Peramavir, Baloxavir</i>		
7. Do you have an immune system problem? <i>For example, cancer, leukemia, HIV/AIDS, or in the past 3 months taken medications that affect the immune system like prednisone or other steroids, chemotherapy, or radiation treatment</i>		
8. Have you received any other vaccines within the last month?		
9. Do you live with or expect to have close contact with a person who has severely compromised immune system and who must be in protective isolation? <i>For example, in a bone marrow unit of a hospital</i>		
10. Do you have asthma?		
11. If you are under 5 years old, have you ever had a healthcare provider tell you the child had wheezing or asthma?		
12. Do you have any long-term health problems? <i>For example, heart, lung, liver, kidney, neurologic, metabolic (diabetes, anemia or other blood disorders), or have a cochlear implant or spinal fluid leak or no spleen</i>		

**ALL PATIENTS: CHECK THE BOX NEXT TO THE ALL CATEGORIES AS THEY APPLY TO YOUR CHILD**  
**THE MINNESOTA VACCINES FOR CHILDREN (MNVFC) PROGRAM OFFERS FREE OR LOW-COST VACCINES FOR CHILDREN 18 YEARS OF AGE AND YOUNGER**

**YES**      **NO**

Uninsured: Does not have insurance		
Minnesota Health Care Program (MHCP) enrollee: MN Medical Assistance (MA), MinnesotaCare, or a prepaid Medical Assistance Program (PMAP)		
American Indian or Alaskan Native		