Marquette University Medical Clinic
Screening Questionnaire for Adult Immunization

The following questions will help us determine if the seasonal Influenza vaccine may be given to you. Please answer the questions below by checking the boxes. If the question is unclear to you, please ask your health care provider to explain it to you.

YES        NO        Don’t Know

Are you feeling ill today?

Do you have allergies to any component of the vaccine. For example: eggs or thimerosol.
If yes, please explain: ________________________________

Have you ever had a serious reaction after receiving a vaccination?

Have you ever been diagnosed with Guillian-Barré Syndrome?

I have been provided a copy of the Influenza Vaccine Information Sheet and have read it or have had it explained to me. I have had a chance to ask questions that were to my satisfaction. I believe that I understand the benefits and risks of the Influenza vaccine and request that it be given to me.

Signature: ___________________________________________ Date: ______________

Manufacturer: Seqirus Afluria (Quadrivalent)        Lot #_P100355859______
IM _____ Deltoid                                      Expiration Date: 06/23/2022
Provider’s Signature: _______________________________ Date / Time: ____________