## 2021- 2022 INFLUENZA VACCINE CONSENT AND SCREENING FORM Injectable (Flu Shot)

Injectable (Flu Shot)
Information about the person to receive vaccine (please print):

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						Mo	nth	Day Y	ear		N	Male	Fem	nale
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nsuranc	e Infor	mation: Inclu	ide the whol	e memb	er ID numl	ber and a	any lett	ters tha	( at are i	) part of t	hat no	umber		
	urance Information: Include the whole members and Insurance Company:*				Member ID			Group ID Number: (if av						
person	gettin	g vaccinated	is not the	subscrib	er, please	e compl	ete the	follow	ving:					
		ıme: (Last, Firs					Subscriber's Da					Sex: (Circle)		;)*
							Month	——— Day	Year	_		Male	Fe	emale
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Answering these questions will help us to know which type of flu vaccine your child should get and whether your child should get 0, 1 or 2 doses of flu vaccine.

If the person receiving vaccine is not a child, skip to section 2.

Section 1: Information to determine if your child should receive 0, 1 or 2 doses of flu vaccine

ır your cn	nild is 9 years old or older, go to Section 2 below.
lf your ch	nild is 8 years old or younger, answer the other questions in this box.
1. Did you	ur child receive 1 or more doses between July 1, 2020 and June 30, 2021? ☐ Yes ☐
	ur child received flu vaccine this flu season (since July 1, 2021)?   No If no, go to Section 2   Ye
If yes, p	blease tell us the number of doses and dates of vaccination. ☐ 1 dose ☐ 2 doses
Dose 1:	: Date received: month day 2020 Dose 2: Date received: month day 20

## Section 2: Information to determine whether the person receiving vaccine should receive the 2021-2022 flu vaccine.

A. Please check YES or NO for each question.

	NO	YES
1. Is the person receiving vaccine sick today?		
2. Does the person receiving vaccine have a problem eating eggs?		
3. Has the person had an anaphylactic reaction to latex?		
4. Does the person receiving the vaccine have an allergy to gentamicin, neomycin, polymixin or gelatin?		
5. Has the person receiving vaccine ever had a serious reaction to a flu vaccine in the past?		
6. Has the person receiving vaccine ever had Guillain-Barré Syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine?		

MIIS Policy: Massachusetts law (M.G.L. c. 111, Section 24M) requires providers to report immunization information to computerized immunization registry known as the Massachusetts Immunization Information System (MIIS). The MIIS stores immunization records for you and your healthcare provider and can help prevent outbreaks of disease like measles and the flu. All information in the MIIS is kept secure and confidential. The MIIS allows information to be shared with health care providers, school nurses, local boards of health, and state agencies concerned with immunization. You have the right to object to the sharing of your immunization information across providers in the MIIS. For more information, please ask your healthcare provider, visit the MIIS website at www.mass.gov/dph/miis or contact the Massachusetts Immunization Program directly at 617-983-6800 or 888-658-2850.