Flu Vaccine Clearance Questions

Patient Name: _____

Date of Service: _____

Questions	Yes/No
Are you 18 years of age or older?	
Have you had a previous reaction to the flu vaccination?	
Have you had a previous reaction to receiving any shot?	
Have you been ill or have had fever in the past 72 hours?	
Have you had Guillian-Barre´ Syndrome?	
Are you sensitive to latex?	

Patient Signature: _____

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