East Jefferson
Family Practice

DUNG MICHAEL TRAN, M.D. ALEX HOANG, M.D.
BOARD CERTIFIED FAMILY MEDICINE

Flu Shot Questionnaire

Name: _____
Today's Date:_____
DOB:_____

Patient's Temperature:_____

Flu Vaccine given in Right / Left Arm

LOT #:
EXP:

Nurse's Initial: _____

Contraindications to the Flu Shot

	YES	NO
1. Are you in your first trimester of pregnancy?	____	____
2. Are you allergic to eggs or chicken feathers?	____	____
3. Are you ill or have fever?	____	____
4. Have you ever had a reaction to the flu vaccine?	____	____
5. Have you ever had Guillian Barre Syndrome?	____	____

If you answered yes to one of the above questions you cannot get the flu shot!!!!

_____

Patient's/Guardian's Signature

EAST JEFFERSON FAMILY PRACTICE

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