



**Allied Physicians Group - Bellmore Merrick Medical #471
2154 Newbridge Road, Bellmore, NY 11710, 516-409-8800**

FLU VACCINE HISTORY

For NON-PHYSICIAN VISIT INS _____

Parents Must Complete the Following:

Name _____ Date _____
Street _____ City _____ Zip _____
DOB _____ Age _____ Phone # _____

Allergies _____ Current Medications _____

Diagnosis Code =Z23

1. Have you ever had:

- A serious allergic reaction to egg or egg products (hives, swelling of lips or tongue), YES NO
Difficulty breathing, shock)?
- A serious allergic reaction to a previous flu vaccine? YES NO
- Guillain-Barre Syndrome GBS – a serious neurological condition YES NO

2. Are you currently sick? YES NO

3. Do you have asthma? YES NO

4. Are you taking Aspirin or aspirin- containing medication YES NO

5. Are you known or suspected to be immunocompromised (low immunity to fight diseases)? YES NO

6. Is there any possibility that you are pregnant or breastfeeding? YES NO N/A

If you have answered “yes” to any if the above questions the clinical staff member must consult with a physician and obtain a specific written order before the vaccine can be Administered. _____

Signature

Date

90686 – FLU SHOT: Sanofi Pastuer – Preservative Free Product Lot# _____ Exp.

Date Administered: _____ By: _____