



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 #: 1516101
EXP: 06/2016

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

3848 VETERANS BLVD., STE. 101 • METAIRIE, LOUISIANA 70002

(504) 885-2505 • FAX (504) 885-2510