


FOUNDATION HEALTH PARTNERS
Influenza Screening Form
 Revised 08/2017

Resident label

Last Name

First Name

DOB

INFECTION CONTROL

Is the resident 6 months or older? YES NO

Influenza Vaccination History:

Vaccine Record Source:

Date Received: Date Received: Date Received:

Based on CDC/ACIP guidelines infection control recommends: Influenza Vaccination No influenza vaccination

Infection Prevention Date Time

NURSING SCREENING FOR ELIGIBILITY

Is resident, parent, or legal representative able to answer the influenza screening questions?
 YES Complete the rest of this section NO STOP and contact the POA for approval, or PCP for order

Name of POA

Do any of the following apply to this resident?

Fever > 101.3 F (38.5 C) in the last 24 hours?	<input type="radio"/> YES <input type="radio"/> NO	If YES to ANY questions STOP screening. This resident is not eligible for influenza vaccination. Do not administer vaccine without physician consult.	If NO to ALL questions VACCINE is INDICATED. Please offer vaccine and provide VIS sheet education on risks and benefits.
Report of prior influenza vaccination this season not identified by infection control?	<input type="radio"/> YES <input type="radio"/> NO		
Anaphylactic reaction to influenza vaccine in past?	<input type="radio"/> YES <input type="radio"/> NO		
Anaphylactic latex allergy?	<input type="radio"/> YES <input type="radio"/> NO		
History of Guillian-Barre within 6 weeks after any previous influenza vaccination?	<input type="radio"/> YES <input type="radio"/> NO		
Bone marrow transplant in the last 6 months?	<input type="radio"/> YES <input type="radio"/> NO		
Solid Organ transplant within this stay or prior to this stay?	<input type="radio"/> YES <input type="radio"/> NO		
Clinically unstable at time of screening?	<input type="radio"/> YES <input type="radio"/> NO	If YES, alert pharmacy resident will need egg-free vaccine	
Anaphylactic egg allergy?	<input type="radio"/> YES <input type="radio"/> NO		

Resident/POA accepted vaccination, VIS sheet provided dated 8/7/2015

If resident or care giver accepts vaccination, complete Standing Order sheet for vaccine with RCC and scan to pharmacy.

Resident is not eligible Resident/POA Declined

RN/LPN Signature: Date Time

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