

## Aberfoyle Park Medical Centre

<b>Patient name:</b>		
<b>Birth date:</b>		
<b>Address:</b>		
<b>Prevaccination Questionnaire:</b>	<b>Yes</b>	<b>No</b>
Have you had a COVID-19 vaccination in the past 14 days?		
Do you plan to have a COVID-19 vaccination in the next 14 days?		
Have you had contact with any person who has had coronavirus?		
Do you have a fever or cough or sore throat?		
Have you ever had a severe reaction to an influenza vaccination ?		
Have you ever had anaphylaxis - a life threatening allergic reaction?		
Are you allergic to eggs or egg products?		
Are you taking blood thinners?		
Have you had your spleen removed?		
Do you have any chronic medical conditions?		
Are you allergic to Neomycin or Polymixin (Antibiotic)?		
Have you ever suffered from Gillain Barre (a rare post viral infection that affects the nerves)?		
Have you ever fainted when given an injection?		
Are you Pregnant? (This is not a contraindication for influenza vaccination)		
It is recommended that all people who receive the flu vaccination remain in the vicinity for 15 minutes		
Have you read and understood the side effects of the vaccination and the need to wait for 15 minutes after?		
<b>Signed:</b>	<b>Dated:</b>	