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Patient Name: _____ DOB: ____/____/____

Please answer the following questions in order for us to determine eligibility to safely administer the influenza vaccine:

Have you had a fever in the past 24 hours? Yes No (if yes, please postpone vaccine until feeling better)

Please indicate if there is any allergy to the following:

Neomycin Yes No Latex Yes No Gelatin Yes No Eggs Yes No

Any serious reaction to a previous flu vaccine (hives, swelling of face, throat, difficulty breathing) Yes No If yes, please contact your PCP office for further guidance.

[Flu Vaccine and People with Egg Allergies | CDC](#)

People with egg allergy may receive any vaccine (egg-based or non-egg-based) that is otherwise appropriate for their age and health status. Beginning with the 2023-2024 season, additional safety measures are no longer recommended for flu vaccination of people who are allergic to eggs beyond those recommended for receipt of any vaccine, regardless of the severity of previous reaction to egg. All vaccines should be administered in settings in which personnel and equipment needed for rapid recognition and treatment of allergic reactions are available.

Most flu shots and the nasal spray flu vaccine are manufactured using egg-based technology. Because of this, they contain a small amount of egg proteins, such as ovalbumin. However, studies that have examined the use of both the nasal spray vaccine and flu shots in egg-allergic and non-egg-allergic patients indicate that severe allergic reactions in people with egg allergies are unlikely.

Do you have any questions before you receive the vaccine? Yes No

OFFICE USE ONLY:

Vaccine date: ____/____/____ Location: _____

Additional notes: _____

Staff Signature: _____