Pediatric Vaccine Screening Checklist - FLU/ COVID

Please check (✓) the vaccine(s) you plan to receive today: Influenza □ COVID-19 □

For patients: The following questions will help us determine which vaccines you may be given today. If you answer "yes" to any questions, it does not necessarily mean you should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your health care provider to explain it.

Patient Label
Name:_____
DOB:_____
PCP:_____

Answer YES or NO to each question below by circling "Yes" or "No".

1	Is the child sick today?	YES	NO
2	Does the child have allergies to medicine, food, a vaccine component, or latex?	YES	NO
3	Has the child had a serious reaction to a vaccine in the past?	YES	NO
4	Does the child have a long-term health problem with heart, lung, kidney, or metabolic disease (e.g., diabetes), asthma, a blood disorder, a cochlear implant, or a spinal fluid leak? Is he/she on long-term aspirin therapy? [MMR, MMRV, LAIV=Flumist, VAR]	YES	NO
5	For children age 2 through 4 years: Has a healthcare provider told you that the child had wheezing or asthma in the past 12 months? [LAIV=Flumist]	YES	NO
6	For babies: Have you ever been told that the child had intussusception?	YES	NO
7	Has the child, a sibling, or a parent had a seizure; has the child had a brain or other nervous system problem?	YES	NO
8	Has the child ever been diagnosed with a heart condition (myocarditis or pericarditis) or have they had Multisystem Inflammatory Syndrome (MIS-C) after an infection with the virus that causes COVID-19?	YES	NO
9	Does the child have an immune-system problem such as cancer, leukemia, HIV/AIDS?	YES	NO
10	In the past 6 months, has the child taken medications that affect the immune system such as prednisone, other steroids, or anticancer drugs; drugs to treat rheumatoid arthritis, Crohn's disease, or psoriasis; or had radiation treatments?	YES	NO
11	Does the child's parent or sibling have an immune system problem? [MMR, MMRV, VAR]	YES	NO
12	In the past year, has the child received immune (gamma) globulin, blood/blood products, or an antiviral drug?	YES	NO
13	Is the child/teen pregnant?	YES	NO
14	Has the child received vaccinations in the past 4 weeks?	YES	NO
15	Has the child ever felt dizzy or faint before, during, or after a shot?	YES	NO
16	Is the child anxious about getting a shot today?	YES	NO

Please scan QDR code(s) for Vaccine Information Statement
Paper copies are available upon request

COVID-19 Vaccine [mRNA]

Influenza (Flu) Vaccine (Inactivated or Recombinant)

By signing below, you give consent to be vaccinated by The Corvallis Clinic staff and acknowledge that you have read the vaccine information statement (VIS) for any applicable vaccines and understand the risks and benefits.

_____ / _____ / _____

Completed by: Print Name & Relationship Signature **(patient or legal guardian)** Today's Date

8/20/2026

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If any "yes" answers, form was review by:
Clinician Name:

_____

☐ Verbal order to proceed with administration(s) ☐ Verbal order given to reschedule vaccine(s) ☐ Verbal order not give Vaccine(s)

CLINIC USE ONLY

Mfr.	Vaccine	Dose	Site	Location	VIS Date	Lot # / Exp. Date
Private Vaccines						
Seqirus	FLUCELVAX Influenza Vaccine (≥6m)	0.5 mL	Deltoid | Vastus Lateralis	R | L	01/31/2025	Lot # _____ Exp. Date _____
moderna	spikevax COVID-19 Vaccine, mRNA (≥12yr)	0.5 mL (50 mcg)	Deltoid | Vastus Lateralis	R | L	1/31/2025	Lot # _____ Exp. Date _____
moderna	spikevax COVID-19 Vaccine, mRNA (≥6m-11yr)	0.25 mL (25 mcg)	Deltoid | Vastus Lateralis	R | L	1/31/2025	Lot # _____ Exp. Date _____
VFC Vaccines						
Seqirus	FLUCELVAX Influenza Vaccine (≥6m)	0.5 mL	Deltoid | Vastus Lateralis	R | L	01/31/2025	Lot # _____ Exp. Date _____
moderna	spikevax COVID-19 Vaccine, mRNA (≥12yr)	0.5 mL (50 mcg)	Deltoid | Vastus Lateralis	R | L	01/31/2025	Lot # _____ Exp. Date _____
moderna	spikevax COVID-19 Vaccine, mRNA (≥6m-11yr)	0.25 mL (25 mcg)	Deltoid | Vastus Lateralis	R | L	1/31/2025	Lot # _____ Exp. Date _____

Administered by _____ / _____ / _____

Name (print) *Signature* *Today's **Date** & **Time***