

Advanced Pediatrics, PLLC  
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## FLU VACCINE QUESTIONS FOR PEDIATRIC PATIENT 2023-2024

Patient: \_\_\_\_\_ PCC #: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ months /years Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_

**Diagnosis Code = Z23**

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|--|-----|----|
| Has patient had serious allergic reaction to a previous flu vaccine?       | YES | NO |
| History of Guillain-Barré Syndrome GBS – a serious neurological condition. | YES | NO |
| Is the person receiving this vaccine currently sick with fever today?      | YES | NO |

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**