

PAW Flu Clinic Medical History Form

Patient's Name:

Present Age:

Received Previous Flu vaccine:

Seasonal Injection _____ Date:

Seasonal Mist _____ Date:

H1N1 Injection _____ Date:

H1N1 Mist _____ Date:

Past Medical History:

___ None

___ Severe Egg Allergy

___ Asthma

___ requires maintenance medicine (e.g. Flovent, Qvar, Pulmicort) in between episodes of illness.

___ has been on oral steroids (prednisone, prednisolone, Orapred) within the past 6 months

___ Cardiac condition (sees a cardiologist regularly)

___ Cystic Fibrosis

___ Diabetes

___ Neuromuscular disorder

___ Suppressed Immune System (immunodeficiency, on chronic immune suppression)

___ Shares home with someone who is immunocompromised