

ENGLISH VERSION OF THE PRE-VACCINATION QUESTIONNAIRE FORM
68-00-739 Vaccination contre la grippe et le pneumocoque

If necessary, refer to the PIQ or the Vaccinators' binder

1. How old are you? *See « vaccine » section on the back side.*
2. Woman of childbearing age: Are you currently pregnant? If yes, specify the number of weeks
3. Are you currently having a fever?
4. Do you have a severe allergy to Thimerosal?
5. Have you ever had a severe allergic reaction (anaphylaxis) after receiving the flu shot or any other vaccine?
6. Have you ever had severe respiratory symptoms (difficulty breathing, wheezing, chest pain) after receiving a flu shot (oculorespiratory syndrome - ORS)?
7. Have you ever had Guillain-Barre Syndrome (GBS) within 6 weeks after receiving a flu shot?
8. Have you ever received a pneumococcal vaccine?
Refer to the Indicative sheet or the Vaccinators' binder
9. Child under 9: Has he/she ever received a flu shot in his life? *If yes, only one dose required*
10. Child under 9: Has he/she received a first dose of influenza vaccine this year? *If yes, 4 weeks interval*

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