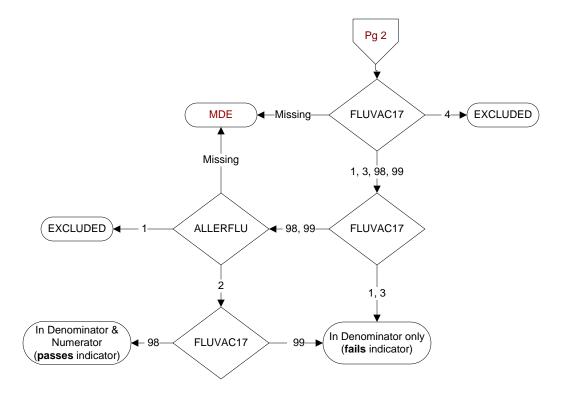


EXCLUDED



## FLUVAC17

During the period <u>7/01/2017 to 3/31/2018</u>, did the patient receive influenza vaccination?

- 1. received vaccination from VHA
- 3. received vaccination from private sector provider
- 4. patient's only visit during immunization period preceded
- availability of vaccine
- 98. patient refused vaccination
- 99. no documentation patient received vaccination

## ALLERFLU

Does the patient have known allergy to eggs or other flu vaccine components, a history of Guillain-Barre Syndrome, a bone marrow transplant within the past 12 months?

- 1. Yes
- 2. No