



## Screening Questionnaire for Childhood and Adult Immunizations

The following questions will help determine which vaccines may be given today. If the answer is "yes" to any questions below, it does not necessarily mean the person should not be vaccinated. It just means additional questions may be asked.

### Questions to be asked before administering any vaccines:

	Yes	No	Don't Know
1. Is the person to be vaccinated sick today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the person to be vaccinated have allergies to medications, food, a vaccine component, or latex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the person to be vaccinated ever had a serious reaction to a vaccine in the past?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the person to be vaccinated have a long-term health problem with heart, lung or kidney disease, asthma, metabolic disease (i.e. diabetes), anemia, or other blood disorder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the person to be vaccinated have cancer, leukemia, HIV/AIDS, or any other immune system problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the person to be vaccinated smoke cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. In the past 3 months, has the person to be vaccinated taken cortisone, prednisone, other steroids, aspirin or aspirin containing products, anticancer drugs, or had radiation (x-ray) treatments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Has the person to be vaccinated had a seizure or other nervous system problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Is the person to be vaccinated a healthcare worker.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Has the person to be vaccinated received a transfusion of blood or blood products or been given a medicine called immune (gamma) globulin or an antiviral drug in the past year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Is the person to be vaccinated pregnant or is there a chance of pregnancy during the next month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Does the person to be vaccinated travel internationally?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>