**Name of Patient (Print)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Screening Questionnaire for Adult Immunizations**

1. Are you sick today? Yes No Don’t Know
2. Do you have allergies to medications, foods, latex, or any vaccine? Yes No Don’t Know

Allergies\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you ever had a serious reaction after receiving a vaccination? Yes No Don’t Know
2. Do you have a long-term health problem with heart disease, lung

disease, asthma, kidney disease, metabolic disease (e.g., diabetes),

anemia, or other blood disorder? Yes No Don’t Know

1. Do you have cancer, leukemia, AIDS, or any other immune system

problem? Yes No Don’t Know

1. Do you take cortisone, prednisone, other steroids, or anticancer drugs,

or have you had radiation treatments? Yes No Don’t Know

1. Have you had a seizure, brain, or other nervous system problem? Yes No Don’t Know
2. During the past year, have you received a transfusion of blood or

blood products, or been given a medicine called immune (gamma)

globulin or an antiviral drug? Yes No Don’t Know

1. For women: Are you pregnant or is there a chance you could become

pregnant during the next month? Yes No Don’t Know

1. Have you received any vaccinations in the past 4 weeks? Yes No Don’t Know
2. Are you 65 years of age or older? Yes No Don’t Know

I have received a copy of the information about the vaccine(s) and the diseases they prevent. I have had a chance to ask questions and they were answered to my satisfaction. I understand the risks and benefits of the vaccine(s). I ask that the vaccine(s) be given to me or to the person for whom I am authorized to make this request. I also verify that all of the above information I supplied is correct to the best of my knowledge.

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Signature of Patient or Responsible Party Date

For Office Use:

Gardasil/HPV

Menomune/Menactra

Twinrix

Hep A

Pneumovax

Typhoid

Hep B

Polio

Varicella

Influenza

Tb Test

Yellow Fever

MMR

Td/Tdap

Zostavax/Shingles

**Understanding the Screening Questionnaire for Adult Immunizations**

The information below has been adapted from *Information for Health Professionals about the Screening Questionnaire for Adults*, 2010 Aim Tool Kit – Adult Section revised November 23, 2009, and the 2006 General Recommendations on Immunizations, *MMWR2006; 55* (RR-15).

1. **Are you sick today?** [all vaccines]

There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events (1). However, with moderate or severe acute illness, all vaccines should be delayed until the illness has improved. Mild illnesses (such as upper respiratory infections or diarrhea) are NOT contraindications to vaccination. Do not withhold vaccination if a person is taking antibiotics.

1. **Do you have allergies to medications, foods, latex, or any vaccine?** [all vaccines]

History of anaphylactic reaction such as hives, wheezing or difficulty breathing, or circulatory collapse or shock (not fainting) from a previous dose of vaccine or vaccine component is a contraindication for further doses. For example, if a person experiences anaphylaxis after eating eggs, do not administer influenza vaccine, or if a person has anaphylaxis after eating gelatin, do not administer MMR or varicella vaccine. Local reactions (e.g., a red eye following instillation of ophthalmic solution) are not contraindications. For an extensive list of vaccine components, see reference 2.

1. **Have you ever had a serious reaction after receiving a vaccination?** [all vaccines]

History of anaphylactic reaction (see question 2) to a previous dose of vaccine or vaccine component is a contraindication for subsequent doses (1). Under normal circumstances, vaccines are deferred when a precaution is present. However situations may arise when the benefit outweighs the risk (e.g., during a community measles outbreak).

1. **Do you have a long-term health problem with heart disease, lung disease, asthma, kidney disease, metabolic disease (e.g., diabetes), anemia, or other blood disorder?** [LAIV]

People with any of these health conditions should not be given the intra-nasal live attenuated influenza vaccine (LAIV). Instead, they should be vaccinated with the injectable influenza vaccine.

1. **Do you have cancer, leukemia, AIDS, or any other immune system problem?** [LAIV, MMR, VAR, ZOS]

Live virus vaccines (e.g., MMR, varicella, zoster, and the intranasal live attenuated influenza vaccine [LAIV]) are usually contraindicated in immunocompromised people. However, there are exceptions. For example, MMR is recommended and varicella vaccine should be considered for adults with CD4+ T-lymphocyte counts of greater than or equal to 200 cells/μL. Immunosuppressed persons should not receive LAIV. For details, consult the ACIP recommendations (3,4,5).

1. **Do you take cortisone, prednisone, other steroids, or anticancer drugs, or have you had have you had radiation treatments?** [LAIV, MMR, VAR, ZOS]

Live virus vaccines (e.g., MMR, varicella, zoster, LAIV) should be postponed until after chemotherapy or long-term high-dose steroid therapy has ended. For details and length of time to postpone, consult the ACIP statement (1, 5). To find specific vaccination scheduled for stem cell transplant (bone marrow transplant) patients, see reference 6. LAIV can only be given to healthy non-pregnant people younger than age 50 years.

1. **Have you had a seizure, brain, or other nervous system problem?** [influenza, Td/Tdap]

Tdap is contraindicated in persons who have a history of encephalopathy within 7 days following DTP/DTaP given before age 7 years. An unstable progressive neurologic problem is a precaution to the use of Tdap. For persons with stable neurologic disorders (including seizures) unrelated to vaccination, or for persons with a family history of seizure, vaccinate as usual. A history of Guillain-Barré syndrome (GBS) is a consideration with the following: 1) Td/Tdap: if GBS has occurred within 6 weeks of a tetanus-containing vaccine and decision is made to continue vaccination, give Tdap instead of Td if no history of prior Tdap; 2) Influenza vaccine (TIV/LAIV): if GBS has occurred within 6 weeks of a prior influenza vaccine, vaccinate with TIV if at high risk for severe influenza complications.

1. **During the past year, have you received a transfusion of blood or blood products, or been given a medicine called immune (gamma) globulin or an antiviral drug?** LAIV, MMR, VAR]

Certain live virus vaccines (e.g., LAIV, MMR, varicella) may need to be deferred, depending on several variables. Consult the most current ACIP recommendations for current information on intervals between antiviral drugs, immune globulin or blood product administration and live virus vaccines (1).

1. **For women: Are you pregnant or is there a chance you could become pregnant during the next month?** [MMR, LAIV, VAR, ZOS]

Live virus vaccines (e.g., MMR, varicella, zoster, LAIV) are contraindicated one month before and during pregnancy because of the theoretical risk of virus transmission to the fetus. Sexually active women in their childbearing years who receive live virus vaccines should be instructed to practice careful contraception for one month following the receipt of the vaccine. On theoretical grounds, inactivated poliovirus vaccine should not be given during pregnancy; however, it may be given if risk of disease is imminent and immediate protection is needed (e.g., travel to endemic areas). Use of Td or Tdap is not contraindicated in pregnancy. At the provider’s discretion, either vaccine may be administered during the 2nd or 3rd trimester. (1,3,4,5,7,8)

1. **Have you received any vaccinations in the past 4 weeks?** [LAIV, MMR, VAR, yellow fever]

If the person to be vaccinated was given either LAIV or an injectable live virus vaccine (e.g., MMR, varicella, zoster, yellow fever) in the past 4 weeks, they should wait 28 days before receiving another vaccination of this type. Inactivated vaccines may be given at any spacing interval if they are not administered simultaneously.

1. CDC. General Recommendations on Immunization, at www.cdc.gov/vaccines/pubs/acip-list.htm.
2. Table of Vaccine Components: www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.
3. CDC. Measles, mumps, and rubella - vaccine use and strategies for elimination of measles, rubella and congenital rubella syndrome and control of mumps. MMWR 1998; 47 (RR-8)
4. CDC. Prevention of varicella: Recommendation of the Advisory Committee on Immunization Practices. MMWR 2007; 56 (RR-4).
5. CDC. Prevention and control of influenza – recommendations of ACIP, at www.cdc.gov/flu/professionals/vaccination.
6. CDC. Excerpt from Guidelines for preventing opportunistic infections among hematopoietic stem cell transplant recipients. MMWR 2000; 49 (RR-10), www.cdc.gov/vaccines/pubs/downloads/b\_hsct-recs.pdf.
7. CDC. Notice to readers: Revised ACIP recommendation for avoiding pregnancy after receiving a rubella-containing vaccine. MMWR 2001; 50 (49).
8. CDC. Prevention of pertussis, tetanus, and diphtheria among pregnant and postpartum women and their infants: Recommendations of the ACIP. MMWR 2008; 57 (RR-4).