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

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

**Screening Questionnaire for Child and Teen Immunizations**

1. Is the child sick today? Yes No Don’t Know
2. Does the child have allergies to medications, foods, latex, or any

vaccine? Allergies\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes No Don’t Know

1. Has the child had a serious reaction to a vaccine in the past? Yes No Don’t Know
2. Has the child, a sibling, or a parent had a seizure; has the child had

brain or other nervous system problems? Yes No Don’t Know

1. Does the child have cancer, leukemia, AIDS, or any other immune

system problem? Yes No Don’t Know

1. Has the child taken cortisone, prednisone, other steroids, or

anticancer drugs, or had radiation treatments in the past 3 months? Yes No Don’t Know

1. Has the child 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? Yes No Don’t Know

1. Has the child had a health problem with lung, heart, kidney, or

metabolic disease (e.g., diabetes), asthma, or a blood disorder? Is

he/she on long-term aspirin therapy? Yes No Don’t Know

1. If the child to be vaccinated is between the ages of 2 and 4 years,

has a healthcare provider told you that the child had wheezing or

asthma in the past 12 months? Yes No Don’t Know

1. Is the child/teen pregnant or is there a chance she could become

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

1. Has the child received vaccinations in the past 4 weeks? 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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Parent or Guardian Date**

**Understanding the Screening Questionnaire for Child and Teen 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. **Is the child sick today?** [all vaccines]

There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events (1, 2). However, with moderate or severe acute illness, all vaccines should be delayed until the illness has improved. Mild illnesses (such as otitis media, upper respiratory infections, and diarrhea) are NOT contraindications to vaccination. Do not withhold vaccination if a person is taking antibiotics.

1. **Does the child have allergies to medications, foods, latex, or any vaccine?** [all vaccines]

History of anaphylactic reaction such as hives (urticaria), wheezing or difficulty breathing, or circulatory collapse or shock (not fainting) to a vaccine component or latex 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, MMRV, or varicella vaccine. Local reactions (e.g., a red eye following instillation of ophthalmic solution) are not contraindications. For a tableof vaccines supplied in vials or syringes that contain latex, go to www.cdc.gov/vaccines/pubs/pinkbook/dowloads/appendices/B/latex-table.pdf. For an extensive list of vaccine components, see reference 3.

1. **Has the child had a serious reaction after receiving a vaccine in the past?** [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). History of encephalopathy within 7 days following DTP/DTaP (not Tdap) includes the following: (a) seizure within 3 days of a dose, (b) pale or limp episode or collapse within 48 hours of a dose, (c) continuous crying for 3 hours within 48 hours of a previous dose. There are other adverse events that might have occurred following vaccination that constitute contraindications or precautions to future doses. 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. **Has the child, a sibling, or a parent had a seizure; has the child had brain or other nervous system problems?** [DTaP, Td, Tdap, TIV, LAIV, MMRV]

DTaP and Tdap are contraindicated in children who have a history of encephalopathy within 7 days following DTP/DTaP. An unstable progressive neurologic problem is a precaution to the use of DTaP and Tdap, and a progressive neurologic disorder in a teen is a precaution to the use of DTaP and Tdap, and a progressive neurologic disorder in a teen is a precaution to the use of Td. For children with stable neurologic disorders (including seizures) unrelated to vaccination, or for children with a family history of seizures, vaccinate as usual (*exception*: children with a personal or family [i.e., parent or sibling] history of seizures generally should not be vaccinated with MMRV; they should receive separate MMR and VAR vaccines). 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 age-appropriate Tdap instead of Td if no history of prior Tdap; 2) Influenza vaccine (TIV or 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. **Does the child have cancer, leukemia, AIDS, or any other immune system problem?** [LAIV, MMR, MMRV, RV, VAR]

Live virus vaccines (e.g., MMR, MMRV, varicella, rotavirus, and the intranasal live attenuated influenza vaccine [LAIV]) are usually contraindicated in immunocompromised children. However, there are exceptions. For example, MMR is recommended for asymptomatic HIV-infected children who do not have evidence of severe immunosuppression. Likewise, varicella vaccine should be considered for HIV-infected children with age-specific CD4+ T-lymphocyte percentage at 15% or greater and may be considered for children age 8 years and older with CD4+ T-lymphocyte counts of greater than or equal to 200 cells/μL. Immunosuppressed children should not receive LAIV. Infants who have been diagnosed with severe combined immunodeficiency (SCID) should not be given a live virus vaccine, including rotavirus (RV) vaccine.For details, consult the ACIP recommendations (4, 5, 6).

1. **Has the child taken cortisone, prednisone, other steroids, or anticancer drugs, or had have you had radiation treatments in the past 3 months?** [LAIV, MMR, MMRV, VAR]

Live virus vaccines (e.g., MMR, MMRV, 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). To find specific vaccination scheduled for stem cell transplant (bone marrow transplant) patients, see reference 7. LAIV can only be given to healthy non-pregnant persons age 2-49 years.

1. **Has the child 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?** [LAIV, MMR, MMRV, VAR]

Certain live virus vaccines (e.g., LAIV, MMR, MMRV, varicella) may need to be deferred, depending on several variables. Consult the most current ACIP recommendations or the current *Red Book* for the most current information on intervals between antiviral drugs, immune globulin or blood product administration and live virus vaccines (1, 2).

1. **Has the child had a health problem with lung, heart, kidney, or**

**metabolic disease (e.g., diabetes), asthma, or a blood disorder? Is**

**he/she on long-term aspirin therapy?[LAIV]**

Children with the health conditions listed above should not be given the intranasal, live attenuated influenza vaccine (LAIV). These children should be vaccinated with the injectable influenza vaccine.

1. **If the child to be vaccinated is between the ages of 2 and 4 years, has a healthcare provider told you that the child had wheezing or asthma in the past 12 months?** [LAIV]

Children who have had a wheezing episode within the past 12 months should not be given the live attenuated influenza vaccine. Instead, these children should be given the inactivated influenza vaccine.

1. **Is the child/teen pregnant or is there a chance she could become pregnant during the next month?** [LAIV, MMR, MMRV, VAR]

Live virus vaccines (e.g., MMR, MMRV, varicella, LAIV) are contraindicated one month before and during pregnancy because of the theoretical risk of virus transmission to the fetus (1, 6). Sexually active young women who receive a live virus vaccine should be instructed to practice careful contraception for one month following the receipt of the vaccine (5, 8). On theoretical grounds, inactivated poliovirus vaccine should not be given during pregnancy; however, it may be given if risk of disease is imminent (e.g., travel to endemic areas) and immediate protection is needed. 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 (9).

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

If the child was given either live, attenuated influenza vaccine (LAIV) or an injectable live virus vaccine (e.g., MMR, MMRV, varicella, 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 the same time or at any spacing interval.

1. CDC. General Recommendations on Immunization, at www.cdc.gov/vaccines/pubs/acip-list.htm.
2. AAP. *Red Book: Report of the Committee on Infectious Diseases* at www.aapredbook.org.
3. Table of Vaccine Components: www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.
4. 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)
5. CDC. Prevention of varicella: Recommendation of the Advisory Committee on Immunization Practices. MMWR 2007; 56 (RR-4).
6. CDC. Prevention and control of influenza – recommendations of ACIP, at www.cdc.gov/flu/professionals/vaccination.
7. 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.
8. CDC. Notice to readers: Revised ACIP recommendation for avoiding pregnancy after receiving a rubella-containing vaccine. MMWR 2001; 50 (49).
9. CDC. Prevention of pertussis, tetanus, and diphtheria among pregnant and postpartum women and their infants: Recommendations of the ACIP. MMWR 2008; 57 (RR-4).