

Screening Checklist for Contraindications to Vaccines for Adults

PATIENT NAME ANDREW GIFFORD
DATE OF BIRTH 10 / 16 / 1991
month day year

For patients: The following questions will help us determine which vaccines you may be given today. If you answer "yes" to any question, it does not necessarily mean you should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

	yes	no	don't know
1. Are you sick today?	☐	☒	☐
2. Do you have allergies to medications, food, a vaccine component, or latex?	☐	☒	☐
3. Have you ever had a serious reaction after receiving a vaccination?	☐	☒	☐
4. 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?	☐	☒	☐
5. Do you have cancer, leukemia, HIV/AIDS, or any other immune system problem?	☐	☒	☐
6. In the past 3 months, have you taken medications that affect your immune system, such as prednisone, other steroids, or anticancer drugs; drugs for the treatment of rheumatoid arthritis, Crohn's disease, or psoriasis; or have you had radiation treatments?	☐	☒	☐
7. Have you had a seizure or a brain or other nervous system problem?	☐	☒	☐
8. During the past year, have you received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug?	☐	☒	☐
9. For women: Are you pregnant or is there a chance you could become pregnant during the next month?	☐	☐	☐
10. Have you received any vaccinations in the past 4 weeks?	☐	☒	☐

FORM COMPLETED BY ANDREW GIFFORD DATE 11/21/2019
FORM REVIEWED BY [Signature] DATE 11/21/19

Did you bring your immunization record card with you?

yes ☐ no ☒

It is important for you to have a personal record of your vaccinations. If you don't have a personal record, ask your healthcare provider to give you one. Keep this record in a safe place and bring it with you every time you seek medical care. Make sure your healthcare provider records all your vaccinations on it.



Hepatitis A and B

Date: 5/1/2020

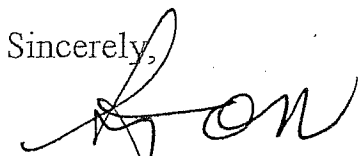
Dear Mr. Gifford:

Your final Hepatitis A and B vaccine is now due on.

Please call the Nursing Care Center for an appointment as soon as possible at 244-3281.

Thank you for allowing us to participate in the protection of your good health.

Sincerely,



Amy Morris, BSN RN-BC

AUBURN UNIVERSITY AT MONTGOMERY

Student Health Services

P.O. Box 244023, Montgomery, AL 36124-4023; 334-244-3281; 334-244-3396

www.aum.edu

ADOLESCENT & ADULT IMMUNIZATION RECORD

CLINIC:

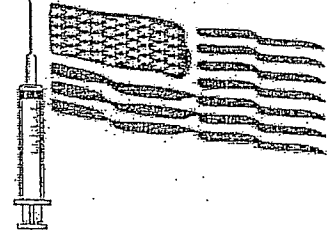
Name: Andrew Gifford

Date of birth: 10/16/1991 Record # _____

Allergies: _____ Reactions: _____

History of Chickenpox? YES or NO If yes, date if known: _____

Protect Our Future!



Immunize!

Vaccine	Date Admin			Age at the time	VIS Form Given			Manuf Abbr*	Lot	Dose	Admin Site**	Route	Provider Initial	Outside Provider
	Mo	Day	Yr		Type	Mo	Yr							
Td					Td				A29KM EXP: 12/03/21	5cc		IM		3PP42 EXP: 03/16/22
Td					Td				NDC 58160-815-43	5cc		IM		
Td					Td				Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccine, Adsorbed BOSTRIX®	0.5cc		IM		
Td					Td				0.5 mL	0.5cc		IM		
Tdap	11	21	19		Tdap	2	05		Mfg. by GlaxoSmithKline Biologicals	1.5cc	LD	IM	AM	
Hep B + Hep A	11	21	19		Hep B	7	16		LOT: 3PP42 EXP: 03/16/22		RD	IM	AM	
Hep B + Hep A	12	18	19		Hep B						LD	IM	AM	
Hep B					Hep B				NDC 58160-815-43			IM		
Hep B (booster if needed)					Hep B				Hepatitis A & Hepatitis B (Recombinant) Vaccine TWINRIX®	0.5cc		IM		
MMR Rubella Rubeola					MMR				Mfg. by GlaxoSmithKline Biologicals	1 mL		SQ		
MMR Rubella Rubeola					MMR					5cc		SQ		
Varicella					Var				474193	0.5cc		SQ		
Varicella					Var					0.5cc		SQ		
IPV					Polio					0.5cc		SQ		
IPV					Polio					0.5cc		SQ		
IPV					Polio					0.5cc		SQ		
IPV					Polio					0.5cc		SQ		
PPV23					PPV					0.5cc		IM		
PPV23					PPV					0.5cc		IM		
Hepatitis A					Hep A							IM		
Hepatitis A					Hep A							IM		
HPV					HPV					0.5cc		IM		
HPV					HPV					0.5cc		IM		
HPV					HPV					0.5cc		IM		
Influenza					Flu					0.5cc		IM		
Influenza					Flu					0.5cc		IM		
Influenza					Flu					0.5cc		IM		
MCV4					Mening							IM		
MPSV4					Mening							SQ		

* Manufacturers: M = Merck; S = Sanofi Pasteur; W = Wyeth; G = GlaxoSmithKline

** Sites: LT = Left Thigh, RT = Right Thigh, LA = Left Arm, RA = Right Arm, LD = Left Deltoid, RD = Right Deltoid

*** VIS Language given, if not English: _____

***Provider Information

[illegible]

Tuberculin Test

[illegible]

Titer Test Results for Non Susceptibility (IgM)

[illegible][illegible]