

Screening Checklist for Contraindications to Vaccines for Adults

PATIENT NAME Sharon Brunson
DATE OF BIRTH 10/5/79
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 Sharon Brunson DATE 1-15-20

FORM REVIEWED BY [Signature] DATE _____

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.



AUBURN

MONTGOMERY®

Hepatitis A and B

Date: 7/1/2020

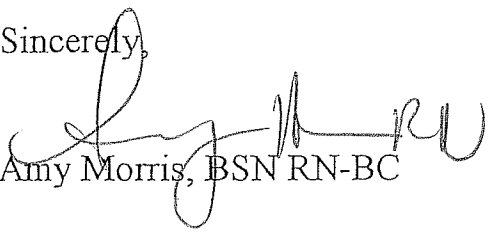
Dear Mrs. Brunson:

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

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DATE OF BIRTH 10 / 5 / 79
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FORM COMPLETED BY Pharon Brunson DATE 2-25-20
FORM REVIEWED BY Afon DATE 2/25/20

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.

Screening Checklist for Contraindications to Vaccines for Adults

PATIENT NAME _____

DATE OF BIRTH _____ / _____ / _____
month day year

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FORM COMPLETED BY _____

DATE _____

FORM REVIEWED BY _____

DATE _____

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yes ☒

no ☐

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Vaccine Administration Record for Adults

Before administering any vaccines, give the patient copies of all pertinent Vaccine Information Statements (VISs) and make sure he/she understands the risks and benefits of the vaccine(s). Always provide or update the patient's personal record card.

Patient name Sharon Brunson

Birthdate 10/5/79 Chart number _____

PRACTICE NAME AND ADDRESS

Vaccine	Type of Vaccine ¹	Date vaccine given (mo/day/yr)	Funding Source (F,S,P) ²	Route ³ and Site ³	Vaccine		Vaccine Information Statement (VIS)		Vaccinator ⁵ (signature or initials and title)
					Lot #	Mfr.	Date on VIS ⁴	Date given ⁴	
Tetanus, Diphtheria, Pertussis (e.g., Tdap, Td) Give IM. ³									
Hepatitis A (e.g., HepA, HepA-HepB) Give IM. ³	HepA+B	1/15/20	P	IM LD	LOT: 3PP42				AM
	HepA+B	2/25/20	P	IM LD	EXP: 03/16/22				AM
	HepA+B	7/16/20	P	IM LD	NDC 58160-815-43				AM
Hepatitis B ¹ (e.g., Engerix-B, Recombi-vax HB, Heplisav-B, HepA-HepB) Give IM. ³	HepA+B	1/15/20	P	IM LD	Hepatitis A & Hepatitis B (Recombinant) Vaccine				AM
	HepA+B	2/25/20	P	IM LD	TWINRIX®				AM
	HepA+B	7/16/20	P	IM LD	1 mL				AM
Human papillomavirus (HPV2*, HPV4*, HPV9) Give IM. ³					Mfd. by GlaxoSmithKline Biologicals				
Measles, Mumps, Rubella (MMR) Give Subcut. ³					LOT: 3Y7NL				
					EXP: 05/24/22				
Varicella (chickenpox, VAR) Give Subcut. ³					NDC 58160-815-43				
Meningococcal ACWY (e.g., MenACWY, MPSV4*) Give MenACWY IM. ³					Hepatitis A & Hepatitis B (Recombinant) Vaccine				
					TWINRIX				
					Mfd. by GlaxoSmithKline Biologicals				
					495708				
Meningococcal B (e.g., MenB) Give MenB IM. ³									

*HPV2, HPV4, and MPSV4 vaccines are no longer available in the U.S., but should be included in patient records for historical purposes.

► See page 2 to record influenza, pneumococcal, zoster, Hib, and other vaccines (e.g., travel vaccines).

How to Complete this Record

- With the exception of hepatitis B vaccines, record the generic abbreviation (e.g., Tdap) or the trade name for each vaccine; for hepatitis B vaccines, record the trade name (see table at right).
- Record the funding source of the vaccine given as either F (federal), S (state), or P (private).
- Record the route by which the vaccine was given as either intramuscular (IM), subcutaneous (Subcut [SC]), intradermal (ID), intranasal (NAS), or oral (PO) and also the site where it was administered as either RA (right arm), LA (left arm), RT (right thigh), or LT (left thigh).
- Record the publication date of each VIS as well as the date the VIS is given to the patient.
- To meet the space constraints of this form and federal requirements for documentation, a healthcare setting may want to keep a reference list of vaccinators that includes their initials and titles.
- For combination vaccines, fill in a row for each antigen in the combination.

Abbreviation	Trade Name and Manufacturer
Tdap	Adacel (Sanofi Pasteur); Boostrix (GlaxoSmithKline [GSK])
Td	Decavac, Tenivac (Sanofi Pasteur); generic Td (MA Biological Labs)
HepA	Havrix (GSK); Vaqta (Merck)
For hepatitis B, see footnote #1.	Engerix-B (GSK); Recombivax HB (Merck); Heplisav-B (Dynavax)
HepA-HepB	Twinrix (GSK)
HPV2*	Cervarix (GSK)
HPV4*, HPV9	Gardasil, Gardasil 9 (Merck)
MMR	MMRII (Merck)
VAR	Varivax (Merck)
MenACWY	Menactra (Sanofi Pasteur); Menveo (GSK)
MPSV4*	Menomune (Sanofi Pasteur)
MenB	Bexsero (GSK); Trumenba (Pfizer)

CONTINUED ON THE NEXT PAGE ►

Technical content reviewed by the Centers for Disease Control and Prevention