

Screening Checklist for Contraindications to Vaccines for Adults

PATIENT NAME Diane R. Smith
DATE OF BIRTH 03/14/47
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 Diane R. Smith DATE 9/25/2019
FORM REVIEWED BY Lyan DATE 9/25/19

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.

Patient name: Diane R. Smith

Date of birth: 3/17/47
(mo.) (day) (yr.)

Screening Checklist for Contraindications to Vaccines for Adults

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 <u>cancer</u> , leukemia, HIV/AIDS, or any other immune system problem?	☒	☐	☐
6. In the past 3 months, have you taken medications that weaken your immune system, such as cortisone, prednisone, other steroids, or anticancer drugs, 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: Diane R. Smith

Date: 3/7/16

Form reviewed by: _____

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 University Montgomery
P. O. Box 244023
7461 East Drive
Montgomery, AL 36124
(334) 244-3281

2nd
Hep A in
Feb

Immunization Record

Smith, Diane

Printed On: 11/20/2015

Student No.:	Imm151	Student Status:		School:	
Gender:	Female	Class:		Enrollment:	
Date of Birth:	3/14/1947	Standing:			

CPT	Description	Imm Date	Results	Measurement	Waiver
	Hepatitis A Dose # 1	08/21/2015		GSK #RS99 EXP 03/21/17	
	Meningococcal Conjugate Vaccine	09/11/2015		SP U5049AA	
	Tetanus, Diphtheria, Pertussis (TDaP)	08/21/2015		GSK 3RS99 EXP 03/21/17	
	Typhoid injection	08/21/2015		SP	

Authorized Signature

Date



Hepatitis A Reminder

Date: 2/10/16

Dear Ms. Smith

Your final Hepatitis A vaccination is due on February 22nd, 2016. It is important that you continue your series within the recommended schedule to obtain the maximum effect from your vaccination.

In order to achieve maximum benefits, you should receive your vaccine no later than March 7, 2016.

If you have received this immunization elsewhere, please submit a copy for our records. If you wish to continue the series at the AUM Nursing Care Center, contact our clinic at 244-3281 to set up an appointment at your earliest convenience.

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

Sincerely,

Amy Morris, RN

Amy Morris, MPA, RN-BC

Amy Morris

From: Amy Morris
Sent: Tuesday, September 10, 2019 10:00 AM
To: 'Diane Smith'
Subject: RE: [EXTERNAL] Diane Smith

I would suggest another dose of Typhoid as it has expired. Also, a prescription for malaria.
Thank you
Amy

-----Original Message-----

From: Diane Smith <smithdiane365@icloud.com>
Sent: Tuesday, September 10, 2019 9:56 AM
To: Amy Morris <amorris2@aum.edu>
Subject: [EXTERNAL] Diane Smith

Kenya trip Nov 7-18