

Screening Checklist for Contraindications to Vaccines for Adults

PATIENT NAME Jessica Stone
DATE OF BIRTH 3 / 23 / 93
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 Jessica Stone DATE 07/7/17
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.

STATE OF ALABAMA CERTIFICATE OF IMMUNIZATION

EXPIRATION DATE REQUIRED
 (Date Next Vaccine Due)
3 22 2008
 Month Day Year

Required for attendance in Day Care, Head Start, and Kindergarten through Twelfth grades. An expiration date is required for the form to be valid. THE ORIGINAL FORM SHOULD BE GIVEN TO THE STUDENT UPON TRANSFER OR GRADUATION.

Jessica Stone CHILD 3/23/93 DATE OF BIRTH William + Jean PARENT OR GUARDIAN

Diphtheria/Tetanus/Pertussis (DTP), Diphtheria/Tetanus (DT), Diphtheria/Tetanus/acellular Pertussis (DTaP), DTP/Haemophilus influenzae type b combined (DTP/Hib), or Tetanus/Diphtheria (Td):

At least one dose required on admission. Additional doses at appropriate age. Must have a total of 5 doses to be complete unless the 4th dose was given after the 4th birthday. A medical exemption is required for children less than 7 years of age who are not given pertussis vaccine. **CIRCLE VACCINE GIVEN.**

DTP, DT, DTaP, DTP/Hib, Td	DTP, DT, DTaP, DTP/Hib, Td	DTP, DT, DTaP, DTP/Hib, Td	DTP, DT, DTaP, DTP/Hib, Td	DTP, DT, DTaP, DTP/Hib, Td	DTP, DT, DTaP, DTP/Hib, Td
<u>3/27/93</u>	<u>8/6/93</u>	<u>10/6/93</u>	<u>9/23/94</u>	<u>5/22/98</u>	
Mo Day Yr	Mo Day Yr	Mo Day Yr	Mo Day Yr	Mo Day Yr	Mo Day Yr

Haemophilus influenzae type b (Hib):

At least one dose required on admission to Day Care and Head Start. Additional doses at appropriate age. Not required for children older than 5 years of age (please record prior doses for historical information). Disregard if DTP/Hib circled above.

<u>3/27/93</u>	<u>8/6/93</u>	<u>10/6/93</u>	<u>6/24/94</u>
Mo Day Yr	Mo Day Yr	Mo Day Yr	Mo Day Yr

Oral Polio Vaccine (OPV) or Inactivated Poliomyelitis Vaccine (IPV):

At least one dose required on admission. Additional doses at appropriate age. Must have 4 doses to be complete unless the 3rd dose was given after the 4th birthday. **CIRCLE VACCINE GIVEN.**

OPV, IPV	OPV, IPV	OPV, IPV	OPV, IPV
<u>3/27/93</u>	<u>8/6/93</u>	<u>9/23/94</u>	<u>5/22/98</u>
Mo Day Yr	Mo Day Yr	Mo Day Yr	Mo Day Yr

Measles/Mumps/Rubella (MMR):

First dose due at 12-15 months of age. A second dose is required for all students Kindergarten through Twelfth grades.

<u>6/24/94</u>	<u>5/22/98</u>
Mo Day Yr	Mo Day Yr

THESE VACCINES NOT REQUIRED FOR SCHOOL ENTRY. Please record for historical information. Do not expire this certificate for these vaccines.

Hepatitis B

<u>3/23/93</u>	<u>4/28/93</u>	<u>1/13/94</u>	<u>Repeat</u> <u>11/13/94</u>
Mo Day Yr	Mo Day Yr	Mo Day Yr	

Varicella (Chicken Pox)

Other: Specify Vaccine (not to include TB skin test)

<u>11/13/96</u>				
Mo Day Yr	Mo Day Yr	Mo Day Yr	Mo Day Yr	Mo Day Yr

[Signature]
 Authorized Medical Signature

5/22/98
 Date

Drs. Wood, Brannon, & Outland
 2029 Normandie Dr.
 Montgomery, AL 36111