

Screening Checklist for Contraindications to Vaccines for Adults

PATIENT NAME

DATE OF BIRTH

Zheng Gong
6/22/86
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

Zheng Gong

DATE

2017.8.15

FORM REVIEWED BY

[Signature]

DATE

8/15/17

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.

Adacel® NDC 49281-400-5B
(L) C5243BA
(E) 26 JUL 2019

Zheng Gong

其他预防接种/CERTIFICATE OF OTHER VACCINATIONS

疫苗或预防措施/Vaccine or prophylaxis

麻腮风/MMR

皮下注射/SC

日期
Date 2017年05月18日
18 May, 2017

主管临床医师的签名和专业状况
Signature and professional status
of supervising clinician 内科医师/Physician



疫苗或预防制品的生产厂商批号
Manufacturer and batch No. 北京天坛生物制品有限公司
201606061
of vaccine or prophylaxis

接种剂量
Vaccination dose 0.5ml

证书有效期 从 至
Certificate valid. From until

疫苗或预防措施/Vaccine or prophylaxis

流脑A、C、Y、W135/Meningiti 皮下注射/SC

日期
Date 2017年05月18日
18 May, 2017

主管临床医师的签名和专业状况
Signature and professional status
of supervising clinician 内科医师/Physician



疫苗或预防制品的生产厂商批号
Manufacturer and batch No. 北京智飞绿竹生物制药有限公司
201608020
of vaccine or prophylaxis

接种剂量
Vaccination dose 0.5ml

证书有效期 从 至
Certificate valid. From until

疫苗或预防措施/Vaccine or prophylaxis

麻腮风/MMR

皮下注射/SC

日期
Date
2017年06月23日
23 Jun, 2017

主管临床医师的签名和专业状况
Signature and professional status
of supervising clinician
内科医师/Physician

施种机构的印章
Official stamp
of administering centre

疫苗或预防制品的生产厂商批号
Manufacturer and batch No.
of vaccine or prophylaxis
北京天坛生物制品有限公司
201611106

接种剂量
Vaccination dose
0.5ml

证书有效期 从
Certificate valid. From
至
until



疫苗或预防措施/Vaccine or prophylaxis

日期
Date

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Signature and professional status
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Official stamp
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疫苗或预防制品的生产厂商批号
Manufacturer and batch No.
of vaccine or prophylaxis

接种剂量
Vaccination dose

证书有效期 从
Certificate valid. From
至
until

