

Screening Checklist for Contraindications to Vaccines for Adults

PATIENT NAME Riley Roby
DATE OF BIRTH / /
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 Riley Roby DATE 11-17-2017
FORM REVIEWED BY [Signature] DATE 11/17/17

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.

Vaccine Administration Record for Adults

Patient name: Riley Roby
Birthdate: 1/15/75
Chart number: _____

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). Give the patient an updated immunization record card whenever you administer vaccine.

Vaccine (and dose)	Date dose & VIS given mo/day/yr	Site and route (RA, LA, RT, LT)	Vaccine lot number	Vaccine manufacturer	VIS revision date*	Signature or initials of vaccine administrator	Comments
Tetanus/diphtheria - 1		IM					
Tetanus/diphtheria - 2		IM					
Tetanus/diphtheria - 3		IM					
Td booster		IM					
Td booster		IM					
Td booster		IM					
Td booster		IM					
Hepatitis A - 1 ___ units		IM					
Hepatitis A - 2 ___ units		IM					
Hepatitis B - 1 ___ mcg		IM					
Hepatitis B - 2 ___ mcg	7/1/05	IM					
Hepatitis B - 3 ___ mcg	8/18/05	IM					
Hep A+B (Twinrix) - 1		IM					
Hep A+B (Twinrix) - 2		IM					
Hep A+B (Twinrix) - 3		IM					
MMR - 1		SC					
MMR - 2		SC					
Varicella - 1		SC					
Varicella - 2		SC					
Pneum poly (PPV23)		IM•SC					
Influenza		IM					
Influenza		IM					
Influenza		IM					
Influenza		IM					
Influenza		IM					
Influenza		IM					
Influenza		IM					
Other† Tdap	11/17/17	LD					
Other† Typhoid	11/17/17	LD					
Other†							
Other†							

*A revision date is printed at the end of each Vaccine Information Statement (VIS). Record this date in this column. According to federal law, VISs must be given to patients before administering each dose of Td, MMR, varicella, or hepatitis B vaccine.

†Meningococcal vaccine is recommended for certain high-risk patients. Some high-risk patients may need a one-time revaccination with pneumococcal polysaccharide vaccine (PPV23).

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