

Screening Checklist for Contraindications to Vaccines for Adults

PATIENT NAME Talha Babar
DATE OF BIRTH 11 / 30 / 1998
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 Talha Babar DATE 24-07-2018

FORM REVIEWED BY [Signature] DATE 7/24/18

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.

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Saint Paul, Minnesota • 651-647-9009 • www.immunize.org • www.vaccineinformation.org

Technical content reviewed by the Centers for Disease Control and Prevention

www.immunize.org/catg.d/p4065.pdf • Item #P4065 (4/18)



**PUNJAB AIDS CONTROL PROGRAM
HEALTH DEPARTMENT, GOVT OF PUNJAB**



Result of HIV Rapid Test M-19 year

Client Registration Number: 40-422

Name (Optional) Talha Bahar S/o Babar Ali

Date: 16-12-2017

Result of HIV Rapid Test

Hep-C Negative

(Tick Applicable Box)

Hep-B Negative

Result of HIV Determine Test - 1 ☒

Syphilis Negative

Result of UNI Gold Test - 2 ☐

Blood Group - B+ve

Result of SD Bioline Test - 3 ☐

HIV Positive ☐

HIV Negative ☒

Indeterminate ☐

Comments.

Not Valid for Court

Name of Counselor Sadia Aziz

Name of Technician Tanvir Nadeem

Name of VCCT Center PACP BBH RWP

Dr. Muhammad Shaharyar Malik
Incharge Special Clinic
(PACP), BBH, Rawalpindi

Stamp of Counselor
Sadia Aziz
Psychologist/ Counsellor
Punjab Aids Control Program
Benazir Bhutto Hospital
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