

Patient name: Christina Panehal

Date of birth: 12/15/94
(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 cancer, 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: Christina Panehal

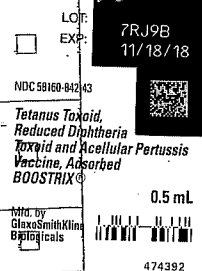
Date: 7-12-15

Form reviewed by: Ry + RN-BC

Date: 7/12/15

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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Auburn University Montgomery
School of Nursing
Mantoux (PPD) Tuberculin Skin Test Report

First year nursing students: use the two-step (test-retest method explained below.) Second year students and EARN students use the one-step method.

Procedure for two-step tuberculin skin test

Method :

- ◆ Apply first test
- ◆ Read results in 48-72 hours
- ◆ If result is negative (0-9mm induration), apply second test 1-3 weeks later
- ◆ If result is positive, send for x-ray and treatment per state protocol
- ◆ Read results in 48-72 hours
- ◆ Use result of second test as baseline

Reference: Alabama Department of Public Health, Tuberculosis Division, 1994

First Step

Name: Christina Panehal Date of Birth: 12 / 15 / 1994
Date Tested: 7 / 12 / 20 / 16 Manufacturer SP Lot # C4633AA
Signature of Licensed Personnel Giving Test [Signature] RN-BC
Date Read 7 / 14 / 2016 Measurement 0 MM
Signature of Licensed Personnel Reading Test [Signature] RN

Second Step

Name: Christina Panehal Date of Birth: 12 / 15 / 1994
Date Tested: 7 / 19 / 20 / 16 Manufacturer SP Lot # C4633AA
Signature of Licensed Personnel Giving Test [Signature] RN
Date Read 7 / 21 / 2016 Measurement 0 MM
Signature of Licensed Personnel Reading Test [Signature] RN

Office Stamp

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