

Screening Checklist for Contraindications to Vaccines for Adults

PATIENT NAME _____

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 _____

DATE _____

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.

Medicines for the Prevention of Malaria While Traveling Atovaquone-Proguanil (Malarone™)

What is atovaquone-proguanil?

Atovaquone-proguanil is a combination of two drugs, atovaquone and proguanil, in a single tablet. It is available in the United States by prescription only. It is sold under the brand name Malarone and it is also sold as a generic medicine in two sizes:

Adult tablet: 250mg atovaquone plus 100mg proguanil

The daily dosage for children depends on their weight. The list below shows the daily dose for children based on their weight:

- 5–8 kg children should take a ½ pediatric tablet daily,
- > 8–10 kg: ¾ pediatric tablet daily
- > 10–20 kg: 1 pediatric tablet daily
- > 20–30 kg: 2 pediatric tablets daily
- > 30–40 kg: 3 pediatric tablets daily
- > 40 kg: 1 adult tablet daily

could be taken with food or a

Carol Stewart, C.R.N.P.
Lic. #1-045437
Rx: 1178

AUBURN MONTGOMERY
STUDENT HEALTH CENTER
P. O. Box 244023
Montgomery, AL 36124-4023
(334) 244-3281

Ramona Lazenby, C.R.N.P.
Lic. #1-039092
Rx: 0703

Darlene Pierce, C.R.N.P.
Lic. #1-134315
RX: 3692

Maryluz Fuentes, M.D.
(334) 286-3444
DEA #BF-6451520
AL #24127

Name Berry Fagan

Date 3/16/18

Address _____

R

Malarone 250/100mg

Disp: 16

Sig: Take one pill a day. Begin 2 days before departure, continue through stay and for 7 days after return.

Carol Stewart

M.D. or C.R.N.P.

Product Selection Permitted

Label all prescriptions

Refill: 1 2 3 5 PRN NR

Dispense As Written

M.D. or C.R.N.P.

than 5kg, or infants who weigh less than 5kg, should not take atovaquone-proguanil. Also, people with severe kidney disease should not take atovaquone-proguanil.

How should I take atovaquone-proguanil?

Both adults and children should take one dose of atovaquone-proguanil per day starting a day or two before traveling to the area where malaria transmission occurs. They should take one dose per day while there, and for 7 consecutive days after leaving. In rare instances (such as if you switched to atovaquone-proguanil from another malaria medicine) your doctor may instruct you to take it for a longer period of time.

The daily dosage for adults is a single adult tablet.

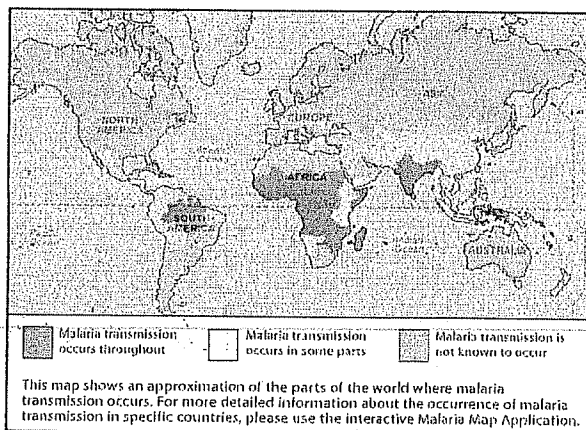
atovaquone-

available in the United States by prescription. Medicines should be obtained at a pharmacy other than in the destination country. Malaria abroad has its risks: poor quality, contaminated, or counterfeit drugs can protect you against malaria.

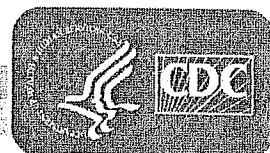
the world can proguanil be used for malaria in travelers?

Atovaquone-proguanil can be taken in any area where malaria occurs.

Atovaquone-proguanil is available in many places in the world where malaria occurs. It is used in each place. This is why it is recommended using the malaria map on www.cdc.gov/malaria/map/



Center for Global Health
Division of Parasitic Diseases and Malaria



ADOLESCENT & ADULT IMMUNIZATION RECORD

Clinic: _____

Name: Barry Fagan

Date of Birth: 10/29/70 Record #: _____

Allergies: NKMA Reactions: _____

History of Chickenpox? YES or NO If yes, date if known: _____

Vaccine	Date Admin			Age at the time	VIS Form Given			Manuf Abbr*	Lot Number	Dose	Admin Site**	Route	Provider Initials*** or Outside Provider Name
	Mo	Day	Yr		Type	Mo	Yr						
Td					Td					0.5cc		IM	
Td					Td					0.5cc		IM	
Td					Td					0.5cc		IM	
Td					Td					0.5cc		IM	
Tdap	3	16	18	47	Tdap	2	15	Adacel® NDC 49281-400-58 (L) C5446AA (E) 06 JUN 2020		0.5cc	LD	IM	AM
Hep B					Hep B							IM	
Hep B					Hep B							IM	
Hep B					Hep B							IM	
Hep B (booster if needed)					Hep B							IM	
MMR Rubella Rubeola					MMR					0.5cc		SQ	
MMR Rubella Rubeola					MMR					0.5cc		SQ	
Varicella					Var					0.5cc		SQ	
Varicella					Var					0.5cc		SQ	
IPV					Polio			LOT: 595AS EXP: 08/30/20		0.5cc		SQ	
IPV					Polio					0.5cc		SQ	
IPV					Polio			NDC 58160-828-43 Hepatitis A Vaccine Havrix®		0.5cc		SQ	
IPV					Polio					0.5cc		SQ	
PPV23					PPV			1440 EL.U./mL		0.5cc		IM	
PPV23					PPV			Mfg. by GlaxoSmithKline Biologicals 474192		0.5cc		IM	
Hepatitis A	3	16	18	47	Hep A	7	16	GSK		1.0	LD	IM	AM
Hepatitis A					Hep A							IM	
HPV					HPV					0.5cc		IM	
HPV					HPV					0.5cc		IM	
HPV					HPV					0.5cc		IM	
Influenza					Flu					0.5cc		IM	
Influenza					Flu					0.5cc		IM	
Influenza					Flu					0.5cc		IM	
MCV4					Mening							IM	
MPSV4					Mening							SQ	

* Manufacturers: M= Merck; S = Sanofi Pasteur; W = Wyeth; G = GlaxoSmithKline

** Sites: LT = Left Thigh, RT = Right Thigh, LA = Left Arm, RA = Right Arm, LD = Left Deltoid, RD = Right Deltoid

*** VIS Language given, if not English: _____