

# Screening Checklist for Contraindications to Vaccines for Adults

PATIENT NAME Robert Bradford  
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?                                                                                                                                                                                                                                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have allergies to medications, food, a vaccine component, or latex?                                                                                                                                                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 3. Have you ever had a serious reaction after receiving a vaccination?                                                                                                                                                                                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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?                                                                                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you have cancer, leukemia, HIV/AIDS, or any other immune system problem?                                                                                                                                                                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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? | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you had a seizure or a brain or other nervous system problem?                                                                                                                                                                                              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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?                                                                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 9. For women: Are you pregnant or is there a chance you could become pregnant during the next month?                                                                                                                                                               | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 10. Have you received any vaccinations in the past 4 weeks?                                                                                                                                                                                                        | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

FORM COMPLETED BY Robert Bradford DATE 3-27-18

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.

AUM STUDENT HEALTH CENTER INSTRUCTION SHEET

PHONE 334-244-3281

Name: Sheryl Sudakar Date: 9/28/18

The practitioner I saw today was:

- ☐ Carol Stewart, CRNP  
☒ Melodye M. Harvey, CRNP

My Problem:

- ☒ Upper Respiratory Infection  
☐ Influenza A/B  
☒ Sinusitis  
☐ Rhinitis Allergic/Viral  
☒ Pharyngitis

What medications do I need to take?

For Pain or Fever:

- ☒ Acetaminophen (Tylenol) regular strength (325 mg) - 2 every 4 hours, as needed  
☐ Extra Strength Acetaminophen - 2 tabs up to 4 times a day, as needed  
☒ Ibuprofen/Advil/Motrin (same active ingredient) 2-4 200mg tabs every 6-8 hours as needed

For Congestion or Cough:

- ☐ Mucinex DM twice daily  
☒ Nasal saline rinses; thins mucous, decreases congestion, decreases postnasal drainage  
☐ Elevate head off of bed 15-20 degrees to decrease congestion and promote sinus drainage  
☐ Claritin, zyrtec, or Xyzal

For Sore Throat:

- ☒ Warm salt water (1/2 tsp to 1 cup) gargle every 2-3 hours; thins mucous and soothes  
☒ Lozenges or sprays

Other:

- ☒ Get more than usual amount of rest. Limit extra activities until you are well.  
☒ Drink plenty of fluids (2-3 liters a day). Water is best, some juices, Gatorade is ok.  
☐ Humidify air; vaporizer, humidifier. Keep filters clean.  
☐ May take ~~10-14~~ <sup>3-5</sup> days to get better. If you have a fever over 101 degrees Fahrenheit for more than 3-7 days, call the clinic. If you are not getting better or are getting worse, call the clinic.  
☐ If you are having trouble breathing call 911 or go to the ER.  
☐ Other Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# ADOLESCENT & ADULT IMMUNIZATION RECORD

Clinic: AUM Student Health

Name: Robert Bradford

Date of Birth: 9/7/44 Record #: \_\_\_\_\_

Allergies: \_\_\_\_\_ 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                      |            |     |    |                 | Tdap           |    |    |             |                             | 0.5cc |              | IM    |                                               |
| 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<br>EXP: 08/30/20 | 0.5cc |              | SQ    |                                               |
| IPV                       |            |     |    |                 | Polio          |    |    |             |                             | 0.5cc |              | SQ    |                                               |
| IPV                       |            |     |    |                 | Polio          |    |    |             |                             | 0.5cc |              | SQ    |                                               |
| IPV                       |            |     |    |                 | Polio          |    |    |             |                             | 0.5cc |              | SQ    |                                               |
| PPV23                     |            |     |    |                 | PPV            |    |    |             | 1440 EL.U./mL               | 0.5cc |              | IM    |                                               |
| PPV23                     |            |     |    |                 | PPV            |    |    |             |                             | 0.5cc |              | IM    |                                               |
| Hepatitis A               | 3          | 27  | 18 |                 | Hep A          | 7  | 16 | GSK         |                             | 1.0   | LD           | IM    | AM                                            |
| Hepatitis A               | 9          | 28  | 18 |                 | Hep A          | 7  | 16 |             | LOT: P2353<br>EXP: 11/21/20 |       | LD           | IM    | AM                                            |
| HPV                       |            |     |    |                 | HPV            |    |    |             |                             |       |              | IM    |                                               |
| HPV                       |            |     |    |                 | HPV            |    |    |             |                             |       |              | IM    |                                               |
| HPV                       |            |     |    |                 | HPV            |    |    |             |                             | 0.5cc |              | IM    |                                               |
| Influenza                 |            |     |    |                 | Flu            |    |    |             |                             | 0.5cc |              | IM    |                                               |
| Influenza                 |            |     |    |                 | Flu            |    |    |             |                             |       |              | 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: \_\_\_\_\_

[illegible][illegible][illegible][illegible]



Nancy Bradford <nwbrad@gmail.com>

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## Aspirin. mg. 1x

1 message

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**Bob Bradford** <rwbradford@hillhillcarter.com>  
To: Nancy Bradford <nwbrad@gmail.com>

Mon, Mar 26, 2018 at 6:58 PM

Aspirin. mg. 1x  
Enalapril. 50 mg 1x  
Vit. B 12. 1,000 mcg. 1xse  
Prilosec. 1x  
Fish oil. 1,000mg. 2x  
Vit. D3. 1,000 units 1x  
Sentraline HCL 50 mg. 1x  
Osteo Bi-flex. 2. 1x  
Centrum silver. 1x  
Hydrochlorotiazide. 25 mg. 1x  
  
Amitriptyline HCL. 35 mg. 1x  
Rosuvastatin Calcium. 20 mg 1x

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Sent from my iPhone