

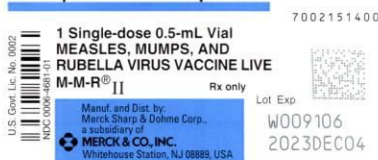
Patient Name: Ssjuan Greshaw

Immunization Record

Birthdate: 06/04/1970

Allergies/Medical Alert: N/A

Immunization	Date	Site	Dose	MFR	Comments	V.I. S.	Initials
Tdap							
Td Booster							
MMR	9/22/2022	RT arm sub Q				8/11/21	ms
HEP A							
HEP B							
Varicella Other	9/22/2022	RT arm sub Q				8/11/2021	ms



Tuberculin Testing PPD (MANTOUX) 0.1 ml ID	Date Given:	Date Read:	Results:	MFR	LOT#	Comments	Initials

Initials	Signature	Initials	Signature
ms	[Signature]		

AUBURN UNIVERSITY MONTGOMERY
STUDENT HEALTH CENTER
IRMA B. MOORE HALL RM. 102
P.O. BOX 244023
MONTGOMERY, AL 36124-4023

STAMP ABOVE

Screening Checklist for Contraindications to Vaccines for Adults

PATIENT NAME CRENSHAW, SO JUAN

DATE OF BIRTH 06 / 04 / 1970
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

So Juan N. Crenshaw

DATE

9/22/22

FORM REVIEWED BY

NRN

DATE

9/22/22

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.

Administering the MMR Vaccine

For Children and Adolescents

The dosage for both MMR and MMRV is 0.5 mL. Both vaccines are administered by the subcutaneous route.

The minimum age for both MMR and MMRV is 12 months of age. The typical age for the second dose of either vaccine is at 4 to 6 years of age. The maximum age for administration of MMRV is 12 years. It should not be administered to anyone 13 years of age or older.

The minimum interval between MMR doses is 4 weeks (28 days). The minimum interval between MMRV doses is 3 months.

The preferred injection site in small children is the anterolateral aspect of the thigh. The posterior triceps aspect of the upper arm is the preferred site for older children and adolescents.

For Adults

The dosage for MMR vaccine is 0.5 mL by the subcutaneous route. If a second dose is indicated, the minimum interval between the first and second doses should be separated by at least 4 weeks (28 days). The preferred injection site for adults is the posterior triceps aspect of the upper arm.

Related Pages

[You Call the Shots – Vaccine Administration](#)

[Vaccine Adverse Event Reporting System](#)

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Administering the Vaccine

Children Age 12 Months through Age 12 Years

- Two doses (0.5 ml each) of varicella vaccine should be given subcutaneously, separated by at least 3 months
- MMRV vaccine is approved for healthy children in this age group

Single-antigen vaccine or MMRV vaccine can be used for the routine two-dose varicella vaccination.

- First dose: age 12 months through age 15 months
- Second dose: age 4 years through age 6 years

For the first dose, CDC recommends that MMR and varicella vaccines be given separately in children age 12 months through age 15 months unless the parent or caregiver expresses a preference for MMRV vaccine.

Both vaccines may be given at the same time as other vaccines for children age 12 months through 15 months and age 4 years through 6 years.

People 13 Years Old or Older

- 2 doses (0.5 ml each) of the single-antigen varicella vaccine subcutaneously 4 to 8 weeks apart
- MMRV vaccine is not approved for people in this age group.

For package inserts, see [Varivax](#) * and [ProQuad](#) .

Vaccine Administration Errors

People Who Got Varicella Vaccine But Should Not Have

People who got varicella vaccine but should not have because of contraindications should be monitored for adverse reactions. Any adverse reactions should be reported online to the Vaccine Adverse Event Reporting System (VAERS) . If you need further assistance with reporting to VAERS, please email info@VAERS.org or call 1-800-822-7967.

People who had varicella or a positive serologic test for varicella in the past are less likely to develop serious adverse reactions to the vaccine, unless they have had a prior serious allergic reaction to any ingredient of a vaccine. For more information about potential adverse reactions, see [Vaccine Safety](#).

Pregnant women should not get vaccinated. For more information, see [Contraindications and Precautions for Varicella Vaccination](#) or [Guidelines for Vaccinating Pregnant Women: Varicella](#). To report administration of VZV-containing vaccines to a pregnant woman, call the manufacturer at 1-877-888-4231. See Merck's website  for more information. Inadvertent vaccination of pregnant women should also be reported to VAERS .

The pregnancy outcomes of women inadvertently vaccinated with VZV-containing vaccines immediately before or during pregnancy were monitored by the Merck/CDC Pregnancy Registry for VZV-Containing Vaccines during 1995-2013. During this period, no cases of congenital varicella syndrome and no increased prevalence of other birth defects were detected. Although a small risk for congenital varicella syndrome could not be ruled out, the number of exposures registered each year (approximately two varicella-susceptible women exposed during the high-risk period for congenital varicella syndrome) was too low to improve on the estimate of the risk and the registry was discontinued.

People Who Got Herpes Zoster Vaccine Instead of Varicella Vaccine

A dose of recombinant herpes zoster vaccine (Shingrix) administered instead of varicella vaccine does not count as a dose of varicella vaccine.

People who got the recombinant herpes zoster vaccine should be monitored for any serious adverse reactions. Adverse reactions and vaccine administration errors should be reported online to the Vaccine Adverse Event Reporting System (VAERS) . If you need further assistance with reporting to VAERS, please email info@VAERS.org or call 1-800-822-7967.