Screening Questionnaire for Adult Vaccination

Patient name: _____

Date of birth: _____ Your age as of today: _____

Today's date: _____

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 get a vaccine. It just means that your health care provider may ask you additional questions. If a question is not clear, please ask your health care 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 health problem with heart disease, lung disease, asthma, kidney disease, metabolic disease (eg, 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, brain, or other nervous system problem?	☐	☐	☐
8. During the past year, have you received a transfusion of blood or blood products, or been given a medicine called 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?	☐	☐	☐

	Yes	No
Did you bring your immunization record card with you?	☐	☐

It is important for you to have a personal record of your vaccinations. If you don't have a personal record, ask your health care 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 health care provider records all your vaccinations on it.

Form completed by: _____ Date: _____

Form reviewed by: _____ Date: _____

References:

1. Immunization Action Coalition. Screening checklist for contraindications to vaccines for adults. IAC; St. Paul, MN: April 2018. www.immunize.org/catg.d/p4065.pdf. **2.** Centers for Disease Control and Prevention (CDC). *Epidemiology and Prevention of Vaccine-Preventable Diseases.* Hamborsky J, Kroger A, Wolfe S, eds. 13th ed. Washington D.C.; Public Health Foundation: 2015;Chapter 2.

Adapted from the Centers for Disease Control and Prevention and the Immunization Action Coalition (IAC).

Merck Sharp & Dohme Corp., a subsidiary of **Merck & Co., Inc.**, has provided funding to the IAC.