

Patient name: _____ **Date of birth:** ____/____/____ (AGE ____)

Screening Questionnaire for Adult Immunization



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 type="checkbox"/>	<input type="checkbox"/>
2. Do you have allergies to medications, food, or any vaccine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had a serious reaction after receiving a vaccination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have cancer, leukemia, AIDS, or any other immune system problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you take cortisone, prednisone, other steroids, or anticancer drugs, or have you had x-ray treatments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have a seizure, brain, or nerve problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. During the past year, have you received a transfusion of blood or blood products, or been given a medicine called immune (gamma) globulin?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. 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"/>
9. Have you received any vaccinations in the past 4 weeks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Please circle the correct response about insurance	Medical Card	no insurance	private insurance
11. If you have private insurance, does it have full coverage or limited coverage for vaccines?	Full	limited	
Did you bring your immunization record card with you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

It is important for you to have a personal record of your vaccinations. If you don't have a record card, ask your healthcare provider to give you one! Bring this record with you every time you seek medical care. Make sure your healthcare provider records all your vaccinations on it.

I have read or have had explained to me the information in the Vaccine Information Statements. I understand what I have read and all my questions have been answered to my satisfaction. I believe I understand the benefits and risks of the vaccine (s) and I ask that the vaccine(s) be given to me.

I hereby acknowledge receipt of the Preble County General Health District's NOTICE OF PRIVACY PRACTICES.

I grant permission for this record to be released to medical providers, public health departments, schools/daycare facilities and to the Ohio Department of Health's Impact SIIS Immunization Registry to transmit the immunization history.

Form completed by: X **Date:** _____