

Immunization Screening Questions

You don't have to answer every question. Please ask if you have questions.

Last name: _____ First name: _____ Middle initial: _____

Preferred name: _____ Date of birth: _____ Age: _____

Screening Questions

Question	Yes	No	Not Sure
1. Are you sick today?			
2. Do you have any allergies? If yes, please list: _____ Was your allergic reaction extremely severe (anaphylactic)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
3. Have you ever had a serious reaction, like trouble breathing or a medical emergency, after receiving a vaccine?			
4. Do you have any of the following: <ul style="list-style-type: none"> • A long-term health problem with your heart, lungs (including asthma), kidneys, liver, nervous system? • Metabolic disease (including diabetes), a blood disorder, no spleen, a cochlear implant, or a spinal fluid leak? 			
5. Are you taking regular aspirin or salicylate medication?			
6. Do you, a sibling, or a parent have cancer, leukemia, HIV/AIDS, or any other immune system problem?			
7. In the past 6 months, have you taken medicines that affects your immune system, including: <ul style="list-style-type: none"> • Prednisone, other steroids, or anticancer drugs? • Drugs for the treatment of rheumatoid arthritis, Crohn's disease, or psoriasis? • Radiation treatments? 			
8. Have you, a sibling, or a parent, had a seizure or a brain or other nervous system problem (including Guillain-Barré Syndrome)?			
9. Have you ever been diagnosed with a heart condition (myocarditis or pericarditis) or have you had Multisystem Inflammatory Syndrome (MIS-A or MIS-C)?			
10. In the past year, have you received immune (gamma) globulin, blood/blood products or an antiviral drug?			
11. Are you pregnant or planning on becoming pregnant in the next month?			
12. Have you received any vaccinations in the past 4 weeks?			
13. Do you need a TB (tuberculosis) test in the next 4 weeks?			
14. For children age 2 through 4 years: Has a doctor told you that your child had wheezing or asthma in the past 12 months?			
15. For babies: Have you ever been told your child had intussusception (part of the intestine slides into an adjacent part of the intestine)?			
16. Have you ever felt dizzy or faint before, during, or after a shot?			

Your signature: _____ Date: _____

If guardian gives verbal consent over the phone, provide their first and last name: _____