Patient Name (Please Print) _____ Date of Birth:____/____/_____
(mo.) (day) (yr.)

Screening Checklist for Contraindications to Vaccines

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, eggs, 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?	☐ ☐ ☐

I certify that I am: the Patient and at least 18 years of age; the parent or legal guardian of the minor Patient; or the legal guardian of the Patient. Further, I hereby give my consent to the healthcare provider at Swan Serv-U Pharmacy, to administer the vaccine requested above. I understand that it is not possible to predict all possible side effects or complications associated with receiving the vaccine listed below. I understand the risks and benefits associated with the above vaccine and have received, read/had explained to me the Vaccine Information Statements on the vaccine I have elected to receive. I also acknowledge that I have had a chance to ask questions and that such questions were answered to my satisfaction. Further, I acknowledge that I have been advised to remain near the vaccination location for approximately 15 minutes after administration for observation by the administering healthcare provider. On behalf of myself, my heirs and personal representatives, I hereby release and hold harmless Swan Serv-U Pharmacy, as applicable, its staff, agents, successors, affiliates, and employees from any and all liabilities or claims whether known or unknown arising out of, in connection with, or in any way related to the administration of the vaccine listed above. I acknowledge that: (a) I understand the purposes/benefits of my state's immunization registry ("Registry"); (b) I may, if my state permits, object to Swan Serv-U Pharmacy disclosing my immunization information to the Registry by providing Swan Serv-U Pharmacy with a state approved Registry disclosure opt out form (which I may request and obtain from Swan Serv-U Pharmacy, if permitted by my state); and (c) Unless I provide Swan Serv-U Pharmacy with an approved opt out form, I have elected to participate in the Registry and consented to Swan Serv-U Pharmacy reporting my immunization information. I authorize Swan Serv-U Pharmacy as applicable, to (i) release my medical or other information, including my communicable disease (including HIV), mental health and drug/alcohol abuse information, to my healthcare professionals, Medicare, Medicaid, or other third party payer as necessary to effectuate care or payment, (ii) submit a claim to my insurer for the above requested items and services, and (iii) request payment of authorized benefits be made on my behalf to Swan Serv-U Pharmacy as applicable, with respect to the above requested items and services. I further agree to be fully financially responsible for any co-sharing amounts, including copays, coinsurance, and deductibles, for the requested items and services as well as for any requested items and services not covered by my insurance benefits. I understand that any payment for which I am financially responsible is due at the time of service or, if Swan Serv-U Pharmacy invoices me after the time of service, upon receipt of such invoice.

Patient/Guardian Signature:_____ Date:_____

Rx#	Vaccine/NDC	LOT#	Exp Date	Dosage	Site	VIS Date
				0.5 ml	L / R Arm	

Immunizer Signature:_____ Adam Pistiner PharmD Date:_____

SWAN Serv-U Pharmacy & Compounding Lab

Swan Serv-U Pharmacy
9130 W North Ave
Wauwatosa, WI 53226
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Technical content reviewed by the Centers for Disease Control and Prevention www.immunize.org/catg.d/p4065.pdf • Item #P4065 (4/18)

Information for Healthcare Professionals about the Screening Checklist for Contraindications to Vaccines for Adults

Are you interested in knowing why we included a certain question on the screening checklist? If so, read the information below. If you want to find out even more, consult the references in ***Notes*** *below.* **For supporting documentation on the answers given below, go to the specific ACIP vaccine recommendation found at the following website: www.cdc.gov/vaccines/hcp/acip-recs/index.html**

1. **Are you sick today?** ***[all vaccines]*** There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events. However, as a precaution with moderate or severe acute illness, all vaccines should be delayed until the illness has improved. Mild illnesses (e.g., upper respiratory infections, diarrhea) are NOT contraindications to vaccination. Do not withhold vaccination if a person is taking antibiotics.
2. **Do you have allergies to medications, eggs, a vaccine component, or latex?** ***[all vaccines]*** An anaphylactic reaction to latex is a contraindication to vaccines that contain latex as a component or as part of the packaging (e.g., vial stoppers, prefilled syringe plungers, prefilled syringe caps). If a person has anaphylaxis after eating gelatin, do not administer vaccines containing gelatin. A local reaction to a prior vaccine dose or vaccine component, including latex, is not a contraindication to a subsequent dose or vaccine containing that component. For information on vaccines supplied in vials or syringes containing latex, see www.cdc.gov/vaccinespubs/pinkbook/downloads/appendices/B/latex-table.pdf; for an extensive list of vaccine components, see www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf. People with egg allergy of any severity can receive any IIV, RIV, or LAIV that is otherwise appropriate for the patient's age and health status. The safety of LAIV in egg allergic people has not been established. For people with a history of severe allergic reaction to egg involving any symptom other than hives (e.g., angio- edema, respiratory distress), or who required epinephrine or another emergency medical intervention, the vaccine should be administered in a medical setting, such as a clinic, health department, or physician office. Vaccine administration should be supervised by a healthcare provider who is able to recognize and manage severe allergic conditions.
3. **Have you ever had a serious reaction after receiving a vaccination?** ***[all vaccines]*** History of anaphylactic reaction (see question 2) to a previous dose of vaccine or vaccine component is a contraindication for subsequent doses. Under normal circumstances, vaccines are deferred when a precaution is present. However, situations may arise when the benefit outweighs the risk (e.g., during a community pertussis outbreak).
4. **Do you have a long-term health problem with heart, lung, kidney, or metabolic disease (e.g., diabetes), asthma, a blood disorder, no spleen, complement component deficiency, a cochlear implant, or a spinal fluid leak? Are you on long term aspirin therapy?** ***[MMR, VAR, LAIV]*** A history of thrombocytopenia or thrombocytopenic purpura is a precaution to MMR vaccine. LAIV is not recommended for people with anatomic or functional asplenia, complement component deficiency, a cochlear implant, or CSF leak. These conditions, including asthma in adults, should be considered precautions for the use of LAIV. Aspirin use is a precaution to VAR.
5. **Do you have cancer, leukemia, HIV/AIDS, or any other immune system problem?** ***[LAIV, MMR, VAR, ZVL]*** Live virus vaccines (e.g., LAIV, MMR, VAR, ZVL) are usually contraindicated in immunocompromised people. However, there are exceptions. For example, MMR vaccine is recommended and VAR vaccine should be considered for adults with CD4+ T-lymphocyte counts of greater than or equal to 200 cells/μL. Immuno- suppressed people should not receive LAIV
6. **In the past 3 months, have you taken medications that affect your immune system, such as cortisone, prednisone, other steroids, or anticancer drugs; drugs for the treatment of rheumatoid arthritis, Crohn's disease, or psoriasis; or have you had radiation treatments?** *[LAIV, MMR, VAR, ZVL]* Live virus vaccines (e.g., LAIV, MMR, VAR, ZVL) should be postponed until after chemotherapy or long-term high-dose steroid therapy has ended. For details and length of time to postpone, see references in **Notes** above. Some immune mediator and immune modulator drugs (especially the anti-tumor necrosis factor agents adalimumab, infliximab, etanercept, golimumab, and certolizumab pegol) may be immunosuppressive. A comprehensive list of immunosuppressive immune modulators is available in CDC Health Information for International Travel (the "Yellow Book") available at wwwnc.cdc.gov/travel/yellowbook/2018/ advising-travelers-with-specific-needs/immunocompromised-travelers The use of live virus vaccines should be avoided in persons taking these drugs. To find specific vaccination schedules for stem cell transplant (bone marrow transplant) patients, see references in **Notes** above. LAIV can be given only to healthy non- pregnant people ages 2 through 49 years.
7. **7. Have you had a seizure or a brain or other nervous system problem?** ***[influenza, Td/Tdap]*** Tdap is contraindicated in people who have a history of encephalopathy within 7 days following DTP/DTaP. An unstable progressive neurologic problem is a precaution to the use of Tdap. For people with stable neurologic disorders (including seizures) unrelated to vaccination, or for people with a family history of seizure, vaccinate as usual. A history of Guillain-Barré syndrome (GBS) is a consideration with the following: 1) Td/Tdap: if GBS has occurred within 6 weeks of a tetanus- toxoid vaccine and decision is made to continue vaccination, give Tdap instead of Td if no history of prior Tdap; 2) Influenza vaccine (IIV/LAIV): if GBS has occurred within 6 weeks of a prior influenza vaccine, vaccinate with IIV if at increased risk for severe influenza complications.
8. **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?** ***[MMR, VAR]*** Certain live virus vaccines (e.g., MMR, VAR) may need to be deferred, depending on several variables. Consult General Best Practice Guidelines for Immunization (referenced in Notes above) for current information on intervals between antiviral drugs, immune globulin or blood product administration and live virus vaccines.
9. **9. For women: Are you pregnant or is there a chance you could become pregnant during the next month?** ***[HPV, IPV, MMR, LAIV, VAR, ZVL]*** Live virus vaccines (e.g., MMR, VAR, ZVL, LAIV) are contraindicated one month before and during pregnancy because of the theoretical risk of virus transmission to the fetus. Sexually active women in their childbearing years who receive live virus vaccines should be instructed to avoid pregnancy for one month following receipt of the vaccine. On theoretical grounds, IPV should not be given during pregnancy; however, it may be given if risk of exposure is imminent and immediate protection is needed (e.g., travel to endemic areas). IIV and Tdap are both recommended during pregnancy. Both vaccines may be given at any time during pregnancy but the preferred time for Tdap administration is at 27–36 weeks' gestation. HPV vaccine is not recommended during pregnancy.
10. **10. Have you received any vaccinations in the past 4 weeks?** ***[LAIV, MMR, VAR, yellow fever, ZVL]*** People who were given either LAIV or an injectable live virus vaccine (e.g., MMR, VAR, ZVL, yellow fever) should wait 28 days before receiving another vaccination of this type (30 days for yellow fever). Inactivated vaccines may be given at any spacing interval if they are not administered simultaneously.

vaccine abbreviations

LAIV = Live attenuated influenza vaccine HPV = Human papillomavirus vaccine IIV = Inactivated influenza vaccine IPV = Inactivated poliovirus vaccine MMR = Measles, mumps, and rubella vaccine RIV = Recombinant influenza vaccine Td/Tdap = Tetanus, diphtheria, (acellular pertussis) vaccine VAR = Varicella vaccine ZVL = Zoster vaccine live

Swan Serv-U Pharmacy Vaccine Clinic Insurance Form

Name: _____ DOB:_____

Rx BIN: _____ Member ID:_____

Rx PCN: _____ RX Group: _____

Medicare ID:_____

Swan Serv-U Pharmacy Vaccine Clinic Insurance Form

Name: _____ DOB:_____

Rx BIN: _____ Member ID:_____

Rx PCN: _____ RX Group: _____

Medicare ID:_____

Swan Serv-U Pharmacy Vaccine Clinic Insurance Form

Name: _____ DOB:_____

Rx BIN: _____ Member ID:_____

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Medicare ID:_____

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Rx BIN: _____ Member ID:_____

Rx PCN: _____ RX Group: _____

Medicare ID:_____