Coker Hampton Wellness Center

PATIENT

Screening Checklist for Contraindications to Vaccines for Adults

PATIENT NAME _____

DATE OF BIRTH _____

PHONE NUMBER _____

TEMPERTURE _____

By signing below I am stating that I have received a VIS form, completed the following form, and I consent to receive the FLU Vaccination.

SIGNATURE _____ DATE _____

	CIRCLE ONE		
1. Are you sick today?	YES	NO	DONT KNOW
2. Do you have allergies to medications, food, a vaccine component, or latex?	YES	NO	DONT KNOW
3. Have you ever had a serious reaction after receiving a vaccination?	YES	NO	DONT KNOW
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?	YES	NO	DONT KNOW
5. Do you have cancer, leukemia, HIV/AIDS, or any other immune system problem?	YES	NO	DONT KNOW
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?	YES	NO	DONT KNOW
7. Have you had a seizure or a brain or other nervous system problem?	YES	NO	DONT KNOW
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?	YES	NO	DONT KNOW
9. For women: Are you pregnant or is there a chance you could become pregnant during the next month?	YES	NO	DONT KNOW
10. Have you received any vaccinations in the past 4 weeks?	YES	NO	DONT KNOW

MANUFACTURER _____ EXP DATE _____ LOT # _____

PROVIDER

FORM REVIEWED BY AND VACCINATION GIVEN BY: _____

DATE: _____   SHOT GIVEN: _____

SITE (CIRCLE) : L/D   OR   R/D

FOR PATIENTS: The above 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.