# Immunization Screening Questions

**Name:** ____________________________________________

1. Are you sick today or do you have a high fever?  
   - Yes  
   - No

2. Have you ever had a reaction to an immunization, which was so bad that you had to go to a doctor or hospital, or had a high fever after receiving an immunization?  
   - Yes  
   - No

3. Are you taking a drug that lowers your resistance to infection (such as Prednisone, or other steroids, anti-cancer treatment or radiation) or are you on any anti-viral medications?  
   - Yes  
   - No

4. Do you have cancer, leukemia, AIDS, thymus disease or removal, or any other immune system problems?  
   - Yes  
   - No

5. Have you had an allergic reaction to latex, eggs, neomycin, streptomycin, Baker’s yeast, polymyxin B, gelatin, thimerosal, or foods that required medical treatment?  
   - Yes  
   - No

6. Have you had a blood transfusion or gamma globulin in the past year?  
   - Date: ________________
   - Yes  
   - No

7. Have you ever had a positive tuberculosis skin test?  
   - Yes  
   - No

8. Have you had Guillain-Barre Syndrome, a serious neurological disorder involving increasing weakness in the legs and arms that can be severe?  
   - Yes  
   - No

9. Do you have a bleeding disorder or are you taking anti-coagulation? (Coumadin)  
   - Yes  
   - No

10. Do you have a long-term health problem i.e. heart disease, lung disease, asthma, kidney disease, diabetes, anemia, or other blood disorder?  
    - Yes  
    - No

11. Females requesting immunization:  
    - Date of last menstrual period: ________________
    - Are you nursing, is there a chance you may be pregnant or do you intend to become pregnant in the next three months?  
    - Yes  
    - No

   ___________________________________  ___________  ____/____/____  
   Patient’s Signature  ID#  Date

**Did you bring your immunization record card with you? **  
- Yes  
- No

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