

Contraindication & Precaution Vaccination Screening Form

General Medical Questions	YES	NO
1. Do you have a fever or feel sick today?		
Inactivated Influenza Vaccines (TIV or Novel H1N1)	YES	NO
1. Have you ever had a severe reaction to the flu vaccine or to a component in the vaccine?		
2. Do you have a severe allergy to eggs?		
3. Do you have a severe allergy to thimerosal, a preservative used in some vaccines?		
4. Do you have a severe allergy to latex?		
5. Have you ever had Guillain-Barré Syndrome (GBS)?		
Live Attenuated Influenza Vaccines (LAIV or Live Novel H1N1)	YES	NO
1. Have you ever had a severe reaction to intranasal flu vaccine (FluMist)?		
2. Do you have a serious allergy to eggs or to other components in the vaccine (MSG, arginine, gentamicin, and gelatin)?		
3. Are you younger than age 2 years or older than age 49 years?		
4. Are you pregnant or planning to become pregnant in the next month?		
5. Do you have a long term medical condition such as heart disease, lung disease, asthma, metabolic disease (such as diabetes), liver disease (cirrhosis), kidney disease, a blood disorder (leukemia, lymphoma, sickle cell disease)?		
6. Do you have a weakened immune system due to HIV/AIDS or other diseases affecting the immune system, or long-term steroid therapy, or cancer treatment with drugs or x-rays?		
7. Do you have a muscle or nerve disorder that can lead to breathing or swallowing problems such as a seizure disorder or cerebral palsy?		
8. If you are between age 2 and 4 years 11 months old, in the past 12 months has a healthcare provider ever said that you had wheezing or asthma?		
9. If you are under 18 years old, are you currently receiving long term aspirin therapy or a medicine containing aspirin?		
10. Have you received MMR (measles-mumps-rubella) or Varicella (chickenpox) vaccine, or a live influenza vaccine within the last 4 weeks?		
11. Have you ever had Guillain-Barré Syndrome (GBS)?		
12. Do you live with or are you in close contact with a person who has a severely weakened immune system who must be in a protective environment such as a hospital room with reverse air flow (for example a bone marrow transplant unit)?		
Pneumococcal Polysaccharide Vaccine (PPSV)	YES	NO
1. Have you had a serious allergic reaction to a previous dose of pneumococcal vaccine or a serious allergic reaction to any component of the vaccine?		
2. Are you pregnant?		

Name _____ Date _____