

# Screening Questionnaire for Adult Immunization

For Inactivated Influenza, Pneumococcal and Tetanus/Diphtheria (TD) Vaccines

The following questions will help us determine which vaccines may be given today. Please answer the best you can. If a question is not clear, please ask your nurse to explain it.

	Yes	No	Don't Know
1. Are you moderately or severely ill today? <i>Mild illnesses (such as upper respiratory infections or diarrhea) are NOT contraindications to vaccination. Do not withhold vaccination if a person is taking antibiotics.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever had an anaphylactic or allergic reaction to a previous dose of: ◆ Influenza (flu) vaccine? ◆ Pneumococcal vaccine? ◆ Tetanus/diphtheria (Td) vaccine?  <i>An anaphylactic or allergic reaction would include symptoms such as hives, wheezing or difficulty breathing, circulatory collapse or shock (not fainting), or a temperature <math>\geq 103^{\circ}\text{F}</math>.</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3. Have you ever had an anaphylactic or allergic reaction to: ◆ Thimerosal (a preservative in some vaccines) ◆ Eggs or egg products? ◆ Gelatin? ◆ Latex?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4. Have you ever had Guillain-Barre syndrome? <i>An illness with sudden muscle weakness &amp; some loss of senses in the fingers and toes.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Eligibility Requirements

### Influenza Vaccination

- I am 50 years of age or older so I should get a flu shot
- I am less than 50 years old and have a chronic medical condition, so I should get a flu shot
- I will be pregnant during flu season
- I am a health care worker or first responder with direct patient contact
- I am not in one of the groups listed above, but I'd like a flu shot to avoid getting influenza

### Pneumococcal Vaccination

- I am 65 years of age or older and have never had a dose of pneumococcal vaccine
- I am 65 years or older, had a previous dose when I was under 65, and it has been at least 5 years since that dose
- I am less than 65 years old and am at high risk for pneumococcal disease

### Tetanus-diphtheria (Td) Vaccination

- It has been 10 years or more since I received my last tetanus shot
- I have no idea if I have ever received a tetanus shot