Screening Questionnaire for Child, Teen and Adult Immunization

For parents and guardians: This form helps us decide which vaccines should be given in clinic today. Please answer these questions by checking the boxes. If the question is not clear, please ask the nurse or doctor to explain it.

	Yes	No	Don't Know
1. Is the child/adult sick today?	☐	☐	☐
2. Does the child/adult have allergies to medications, eggs or any vaccines? Please list: _____	☐	☐	☐
3. Has the child/adult had a serious reaction to a vaccine in the past? When did reaction occur: _____	☐	☐	☐
4. Has the child/adult had a seizure or a neurological problem?	☐	☐	☐
5. Does the child/adult or anyone who lives with them or takes care of them have cancer, leukemia, AIDS, or any other immune system problem?	☐	☐	☐
6. Does the child/adult or anyone who lives with them or takes care of them take cortisone, prednisone, other steroids, anticancer drugs, or x-ray treatments?	☐	☐	☐
7. Has the child/adult received a transfusion of blood, plasma, or a medicine called immune globulin in the past year?	☐	☐	☐
8. Has your child had chickenpox? _____ Month _____ Year	☐	☐	☐
Female Only --			
9. Is the teen/adult pregnant or at risk for becoming pregnant within the next three months.	☐	☐	☐

Local Public Health Agency Patient Eligibility Screening Record

A screening record must be kept at the local public health agency that reflects the status of all clients who receive vaccine through the VFC program or 317 funded vaccine. The record may be completed by the parents, guardian or individual of record, or by the health care provider. The same record will be used for all subsequent visits, as long as the patient's eligibility status has not changed.

This patient qualifies for vaccines through the VFC program because he/she is 0-18 years of age and: (check only one box)

(a) is enrolled in Medicaid ☐

(b) does not have health insurance ☐

(c) is American Indian or Alaskan Native ☐

(d) has insurance ☐

_____

Signature of Parent / Guardian / Patient (over 18 years)

_____

Print Parent / Guardian Name and Date of Birth