

Screening Questionnaire for Child and Teen Immunization

For parents / guardians:

The following questions will help us determine which vaccines your child may be given today. If you answer “yes” to any question, it does not necessarily mean your child should not be vaccinated, it just means that additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

		Yes	No	Don't Know
1.	Is the child sick today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Does the child have allergies to medications, food, or any vaccine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Has the child has a serious reaction to a vaccine in the past?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Has the child had a seizure, brain or nerve problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Does the child have cancer, leukemia, AIDS, or any other immune system problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Has the child taken cortisone, prednisone, other steroids, or anticancer drugs, or had an x-ray treatment in the past 3 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Has the child received a transfusion of blood or blood products, or been given a medicine called immune (gamma) globulin in the past year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Is the child / teen pregnant or is there a chance she could become pregnant during the next month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Has the child received vaccinations in the past 4 weeks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Is your child having surgery within the next 3 weeks, or has your child had surgery within the past week?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Does your child have a known allergy or hypersensitivity to latex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>