

Your Name _____ Date of Birth ____/____/____ Today's Date ____/____/____

DO I NEED ANY VACCINATIONS?

Many adults are behind on their vaccinations. *Your doctor has asked you to complete this form to determine if you need any vaccinations.* Your doctor would like you to be up to date before your 1st visit. Please ✓ the boxes that apply to you.

Vaccines have been offered to me. I take full responsibility for choosing to DECLINE ALL VACCINATIONS BY SIGNING: _____ Date _____

INFLUENZA VACCINATION I am 50 years or older.

- I am younger than 50 years, and one or more of the following conditions or situations applies to me:
- | | |
|---|---|
| <input type="checkbox"/> lung disease | <input type="checkbox"/> I live in a nursing home or chronic care facility. |
| <input type="checkbox"/> heart disease | <input type="checkbox"/> I will be pregnant during the influenza season (Dec-Mar). |
| <input type="checkbox"/> kidney disease | <input type="checkbox"/> I provide essential community services. |
| <input type="checkbox"/> diabetes | <input type="checkbox"/> I am a healthcare worker. |
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> I am a household contact or caregiver of a person who has one of |
| <input type="checkbox"/> a disease that affects my immune system | the illnesses listed at the left, is 65 yrs. or older, or is age 0 – 5 yrs. |
| <input type="checkbox"/> a condition that may cause me to choke when I swallow (e.g. neuromuscular disorder, spinal cord injury, seizure disorder). | |
- I am not in one of the groups listed above, but I'd like to be vaccinated to avoid getting influenza this season.

PNEUMOCOCCAL VACCINATION

- I am **age 65 years or older** and I have never had a dose of pneumococcal vaccine.
- I am age 65 years or older and had one dose of pneumococcal vaccine when I was younger than 65: it has been at least **5 years** since that dose.
- I have one of the following health problems and I (*have*) (*have not*) had a previous dose of pneumococcal vaccine:
- | | | |
|---|--|--|
| <input type="checkbox"/> lung disease (not asthma) | <input type="checkbox"/> liver disease | <input type="checkbox"/> organ or bone marrow transplant |
| <input type="checkbox"/> heart disease | <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> generalized malignancy |
| <input type="checkbox"/> diabetes | <input type="checkbox"/> Hodgkin's disease | <input type="checkbox"/> cerebrospinal fluid leak |
| <input type="checkbox"/> alcoholism | <input type="checkbox"/> leukemia | <input type="checkbox"/> sickle cell disease |
| <input type="checkbox"/> cochlear implant | <input type="checkbox"/> multiple myeloma | <input type="checkbox"/> had my spleen removed |
| <input type="checkbox"/> on medication or receiving x-ray treatment that affects my immune system | <input type="checkbox"/> kidney disease | <input type="checkbox"/> lymphoma |

TETANUS, DIPHTHERIA, & PERTUSSIS CONTAINING VACCINATION (e.g. DTP, DTaP, Tdap, or Td)

- I am younger than age 65 years and have not had a pertussis containing vaccine as an adult.
- I have or will have close contact with a child younger than 12 months and have not had a pertussis containing vaccine as an adult.
- I have not yet had a least 3 tetanus and diphtheria containing shots.
- I have not yet had a least 3 tetanus and diphtheria containing shots in my lifetime, but I believe it's been **10 years or more since I received my last shot.**
- I have no idea if I ever received any tetanus and diphtheria containing shots in school, the military, or elsewhere.

HEPATITIS A VACCINATION

- I am in one of the following risk groups, and I haven't had **the 2-dose vaccination series** against Hepatitis A:
- I travel in countries other than the U.S., Western Europe, Canada, Japan, Australia, and New Zealand.
 - I am a man who has sex with men.
 - I use street drugs.
 - I have chronic liver disease.
 - I have a clotting factor disorder.
- I wish to receive hepatitis A vaccine to be protected against hepatitis A even though I am not in one of the above groups.

HEPATITIS B VACCINATION

- I am in one of the following risk groups, and I haven't completed the **3 dose vaccination series** against hepatitis B:
- I live with a person who has long term hepatitis B Virus infection
 - I have a bleeding disorder that requires transfusion
 - I am or will be on kidney dialysis.
 - I am or my parents are immigrants from an area of the world where hepatitis B is common.
 - I inject street drugs.
 - I am a sex partner of a person with hepatitis B.
 - I've been diagnosed with a sexually transmitted disease.
 - I have had more than one sex partner in a 6-month period.
 - I am man who has sex with men.
 - I am a health care or public safety worker who is exposed to blood or body fluids.
 - I provide direct services for people with developmental disabilities.
 - I travel outside the U.S.
- I wish to receive hepatitis B vaccine to be protected against hepatitis B even though I am not in one of the above groups.

MEASLES-MUMPS-RUBELLA (MMR) VACCINATION

- I was born after 1956 and never received a dose of MMR.
- I am a woman thinking about a future pregnancy and do not know if I am immune to rubella.
- I am included in one of the following groups for whom 2 doses of MMR are recommended, but I have received only 1 dose of MMR.
- | | |
|--|---|
| <input type="checkbox"/> I am a health care worker | <input type="checkbox"/> I am entering college or post-high education institution. |
| <input type="checkbox"/> I travel internationally | <input type="checkbox"/> I had a blood test that shows I do not have immunity to MMR. |

CHICKENPOX (VARICELLA) VACCINATION

- I have never had chickenpox disease or varicella vaccination.
- I'm not sure if I've had chickenpox or not.
- I may become pregnant and do not know if I'm immune to chickenpox.

MENINGOCOCCAL VACCINATION

- I am (or will be) a college freshman living in a dorm.
- I am traveling to an area of the world where meningococcal disease is common.
- I have sickle cell disease, or my spleen isn't working or has been removed.

HUMAN PAPILLOMAVIRUS VACCINATION – (Gardasil)

- I am a **woman younger than age 27** years and haven't completed a 3-dose vaccination series against human papilloma virus.

SHINGLES (Zoster) VACCINATION

- I am an **adult age 60 years** or older and haven't been vaccinated against shingles.

NOTE: Adults may need additional vaccines such as Hib, polio, or others. Talk to your health care provider.

- 1) Call your local travel clinic to find out if additional vaccines are recommended or check the internet: Center for Disease Control.
- 2) Areas with high rates of hepatitis B include: Africa, China, Korea, Southeast Asia including Indonesia and the Philippines, the Middle East except Israel, South and Western Pacific Islands, interior Amazon Basin, and certain parts of the Caribbean (i.e. Haiti and the Dominican Republic). Areas with moderate rates include South Central and Southwest Asia, Israel, Japan, Eastern and Southern Europe, Russia, and most of Central and South America.
- 3) Adults from these areas should be tested for hepatitis B when they receive the first dose of hepatitis B vaccine (during the same visit).