

**Student Health Services  
The Ohio State University  
1875 Millikin Road  
Columbus, OH 43210**

Last	First	MI
ID#		
(Place patient label here)		

**For patients:** The following questions will help us determine if you can be vaccinated today. A "Yes" answer may not keep you from getting vaccinated. We will simply need to ask some additional questions. If a question is not clear, please ask your healthcare provider to explain it.

Health Professional College (if applicable): \_\_\_\_\_

	Yes	No	Don't Know
1. Are you sick today?			
2. Do you have allergies to medications, food, a vaccine component, or latex?			
3. Have you ever had a serious reaction after receiving a vaccination?			
4. Have you had a seizure or a brain or other nervous system problem, including Guillain-Barre syndrome?			

**Consent:**

I have read or have had explained to me the information about my immunizations. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of the vaccine and ask that the vaccine be given to me or my dependent.

\_\_\_\_\_  
Signature of person to receive vaccine or responsible guardian

\_\_\_\_\_  
Date

\*\*\*\*\***For Clinic/Office Use**\*\*\*\*\*

Date Time	Vaccine	VIS date	Mfg and Lot #	Dose/Route/Site
			Exp. Date	
am/pm	<input type="checkbox"/> Flu	7-26-11		0.5 ml IM, L R deltoid
am/pm	<input type="checkbox"/> Meningococcus	10-14-11		0.5 ml IM, L R deltoid
am/pm	<input type="checkbox"/> Pneumonia	10-6-09		0.5 ml IM, L R deltoid
am/pm	<input type="checkbox"/> Tetanus, Diptheria (Td)	11-18-08		0.5 ml IM, L R deltoid
am/pm	<input type="checkbox"/> Tetanus, Diptheria, Pertussis (Tdap)	11-18-08		0.5 ml IM, L R deltoid

**Vaccine Administration record:**

If currently ill, temp \_\_\_\_\_ (defer if >100° F)

Additional information: \_\_\_\_\_

Vaccine given? Yes No If no, state reason \_\_\_\_\_

\_\_\_\_\_  
Signature/Title of SHS Staff

\_\_\_\_\_  
Date

**PHARMACY VACCINE HISTORY FORM**

# VACCINATION GUIDELINES

## SCREENING QUESTIONS

### 1. Are you sick today? *[all vaccines]*

There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events. However, as a precaution with moderate or severe acute illness, all vaccines should be delayed until the illness has improved. Mild illnesses (such as upper respiratory infections or diarrhea) are NOT contraindications to vaccination. Do not withhold vaccination if a person is taking antibiotics.

### 2. Do you have allergies to medications, food, a vaccine component, or latex? *[all vaccines]*

History of anaphylactic reaction such as hives (urticaria), wheezing or difficulty breathing, or circulatory collapse or shock (not fainting) to a vaccine component or latex is a contraindication to some vaccines. For example, if a person experiences anaphylaxis after eating eggs, do not administer influenza vaccine. Local reactions are not contraindications. For a table of vaccines supplied in vials or syringes that contain latex, see Latex in Vaccine Packaging table.

[www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/latex-table.pdf](http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/latex-table.pdf).

For an extensive list of vaccine components, see Vaccine excipient table.

<http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf>

### 3. Have you ever had a serious reaction after receiving a vaccination? *[all vaccines]*

History of anaphylactic reaction (see question 2) to a previous dose of vaccine or vaccine component is a contraindication for subsequent doses. Under normal circumstances, vaccines are deferred when a precaution is present. However, situations may arise when the benefit outweighs the risk (e.g., during a community pertussis outbreak).

### 4. Have you had a seizure or a brain or other nervous system problem, including Guillain-Barre syndrome? *[influenza, Td/Tdap]*

Tdap is contraindicated in people who have a history of encephalopathy within 7 days following DTP/DTaP given before age 7 years. An unstable progressive neurologic problem is a precaution to the use of Tdap. For people with stable neurologic disorders (including seizures) unrelated to vaccination, or for people with a family history of seizure, vaccinate as usual.

A history of Guillain-Barré syndrome (GBS) is a consideration with the following: 1) Td/Tdap: if GBS has occurred within 6 weeks of a tetanus-containing vaccine and decision is made to continue vaccination, give Tdap instead of Td if no history of prior Tdap; 2) Influenza vaccine (TIV/LAIV): if GBS has occurred within 6 weeks of a prior influenza vaccine, vaccinate with TIV if at high risk for severe influenza complications.

Adapted from **Screening Questionnaire for Adult Immunization**, [www.immunize.org/catg.d/p4065.pdf](http://www.immunize.org/catg.d/p4065.pdf) • Item#P4065 (10/10)

#### References:

1. CDC. General recommendations on immunization, at [www.cdc.gov/vaccines/pubs/acip-list.htm](http://www.cdc.gov/vaccines/pubs/acip-list.htm).
2. Table of Vaccine Components: [www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf](http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf).

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