SCREENING QUESTIONNAIRE FOR CHILD AND TEEN IMMUNIZATION

For parents/guardians: The following questions will help us determine which vaccines may be given today. If a question is not clear, please ask the nurse or doctor to explain it.

	Questions	YES	NO	Don't Know
1	Is the child sick today?	☐	☐	☐
2	Does the child have allergies to medications, food or any vaccine?	☐	☐	☐
3	Has the child had a serious reaction to vaccine in the past?	☐	☐	☐
4	Has the child had a seizure or a brain problem?	☐	☐	☐
5	Does the child have cancer, leukemia, AIDS, or any other immune system problem?	☐	☐	☐
6	Has the child taken cortisone, prednisone, other steroids, or anticancer drugs, or had x-ray treatments in the past 3 months?	☐	☐	☐
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?	☐	☐	☐
8	Has the child received any vaccinations in the past 4 weeks?	☐	☐	☐
9	Is the child/teen pregnant or is there a chance she could become pregnant in the next 4 weeks?	☐	☐	☐

Form completed by: ..... Date: .....

Did you bring your child's immunization record card and carnet with you? YES ☐ NO ☐

It is important to have a personal record of your child's vaccinations. If you dot'n have a record card, ask the child's health care provider to give you one! Bring this record with you every time you seek medical care for your child. Make sure your health care provider records all your child's vaccinations on it. Your child will need this card to enter daycare, kindergarden, junior high, etc.