

Adult Screening and Immunization Documentation Form

Retiree Appreciation Day

The following questions will help us determine if we should give you the following vaccinations today. If you answer "yes" to any questions, we will ask additional questions to determine which vaccine, if any, you will receive. Please speak to your healthcare provider, if you have any questions.

NAME (Please Print):	Sponsor last four SSN:	AGE:	DOB:	DATE:
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Answer questions 1-10:		NO	YES
1	Are you sick today?	<input type="checkbox"/>	<input type="checkbox"/>
2	Do you have allergies to medications, food, a vaccine component, or latex?	<input type="checkbox"/>	<input type="checkbox"/>
3	Have you ever had a serious reaction after receiving a vaccination?	<input type="checkbox"/>	<input type="checkbox"/>
4	Do you have a long-term health problem with heart disease, lung disease, asthma, kidney disease, metabolic disease (e.g., diabetes), anemia, or other blood disorder?	<input type="checkbox"/>	<input type="checkbox"/>
5	Do you have cancer, leukemia, HIV/AIDS, or any other immune system problem?	<input type="checkbox"/>	<input type="checkbox"/>
6	In the past 3 months, have you taken medications that weaken your immune system, such as cortisone, prednisone, other steroids, or anticancer drugs, or have you had radiation treatments?	<input type="checkbox"/>	<input type="checkbox"/>
7	Have you had a seizure or a brain or other nervous system problem?	<input type="checkbox"/>	<input type="checkbox"/>
8	During the past year, have you received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug?	<input type="checkbox"/>	<input type="checkbox"/>
9	For women: Are you pregnant or is there a chance you could become pregnant during the next month?	<input type="checkbox"/>	<input type="checkbox"/>
10	Have you received any vaccinations in the past 4 weeks?	<input type="checkbox"/>	<input type="checkbox"/>
11	Please list any medication that you're currently taking (<i>for medication reconciliation</i>):		

"I have read or have had explained to me the information on the recommended immunizations and Vaccine Information Statements (VIS). I have also had a chance to ask questions, and they were answered to my satisfaction. I understand the benefits and risks of the recommended vaccines."

Signature: _____

Date: _____

Below to be completed by healthcare provider

<input type="checkbox"/> Give injectable flu vaccine today <input type="checkbox"/> Give Tdap vaccine today <input type="checkbox"/> Give Prevnar vaccine today <input type="checkbox"/> Give Pneumovax vaccine today <input type="checkbox"/> Give Zoster vaccine today <input type="checkbox"/> Do not administer vaccines today <input type="checkbox"/> Refer to DHA-Immunization Healthcare for further evaluation	Vaccine Information Statement provided (check box) <input type="checkbox"/> Inactivated Influenza (IIV) (08/7/2015) <input type="checkbox"/> Tdap (2/24/2015) <input type="checkbox"/> Prevnar (PPSV23) (4/24/2015) <input type="checkbox"/> Pneumovax (PCV-13) (2/27/2013) <input type="checkbox"/> Zoster (HZV) (10/6/2009)		
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Interviewer's Signature</td> <td style="width: 40%;">Date:</td> </tr> </table>	Interviewer's Signature	Date:
Interviewer's Signature	Date:		

Vaccines Administered

IIV	Tdap	PPSV23	PCV-13	HZV
Lot #: _____				
Manufacturer: _____				
Expiration Date: _____				
Dose: 0.5 mL	Dose: 0.5 mL	Dose: 0.5 mL	Dose: 0.5 mL	Dose: 0.65 mL
Route: IM	Route: IM	Route: IM	Route: IM	Route: SC
Location: Left / Right Deltoid	Location: Left / Right Triceps			

COMMENTS:

Administered by: _____	Date: _____
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The Defense Health Agency-Immunization Healthcare (DHA-IH) is available to assist patients and healthcare providers with treatment of health problems before and after vaccinations and assist with medical exemptions. Please contact the DHA-Immunization Healthcare Fort Bragg Regional Office at (910) 432-4015. For after hours, please contact the 24/7 DoD Support Center at 877-438-8222.