

VACCINE QUESTIONNAIRE



Information is for the person receiving the vaccine. Please print. Use full legal name.

First Name: _____ Last: _____ MI: _____ Date of Birth: _____

Address: _____ Telephone: _____

Age: _____ Email: _____ May be used to access Patient Portal

Gender: Female Male **Race:** Circle all that apply White American Indian African American

Alaskan Native Asian Hispanic/Latino Pacific Islander Other Unknown

Health Questions for the person receiving the vaccine.

1. Feel sick today? Yes No
2. List allergies to medications, food, a vaccine component, or latex. Yes No
3. Ever had a serious reaction to a vaccine in the past? Yes No
4. Have a long-term health problem with lung, heart, kidney or metabolic disease (e.g., diabetes), asthma, or a blood disorder? Yes No
5. Had brain or other nervous system problems, or Guillain-Barré (a paralyzing polio)? Yes No
6. Have cancer, leukemia, HIV/AIDS, or any other immune system problem? Yes No
7. In the past 3 months, taken medications that affect the immune system such as prednisone, other steroids, or anticancer drugs; drugs for the treatment of rheumatoid arthritis, Crohn's disease, or psoriasis; or had radiation treatments? Yes No
8. In the past year, received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug? Yes No
9. Had vaccinations in the past 4 weeks? Yes No
10. Use Tobacco or e-cigarettes? Yes No
11. *Females only:* pregnant or is there a chance she could become pregnant during the next month? Yes No
12. *Children only:* Has child or their sibling, or their parent had a seizure? Yes No
13. *Babies only* (under 8 months): had intussusception (bowel obstruction)? Yes No

COVID QUESTIONS:

14. Have you received a dose of COVID vaccine? Yes No
15. Have you received monoclonal antibodies or convalescent plasma for COVID treatment in past 90 days? Yes No
16. Have you tested positive for COVID in the past 10 days? Yes No
17. Have you had blood disorder, myocarditis/pericarditis, heparin-induced thrombocytopenia or Multisystem Inflammatory Syndrome? Yes No
18. Do you have dermal fillers (ex: cosmetic medical device implants)? Yes No
19. Have you ever had a SEVERE allergic reaction (anaphylaxis) to anything? List: Yes No

Name: _____ Age: _____

- VFC:** Medicaid, American Indian, No insurance, Underinsured **Private Vaccine & ADULT Medicaid** (Includes HPV)
 317: Underinsured/No insurance HPV (19 – 26yrs), MCV4, MMR, Td, Tdap. Plus Hep A, Hep B, Twinrix - not for travel.

VACCINE	AGES	CVX	LOT	SITE	Route	INITIAL
Bexsero MenB	16 yr thru 23 yr	163		LA RA	IM	
DTaP	under 7yr	20		LA RA LT RT	IM	
DTaP/IPV Kinrix	4 thru 6 yr	130		LA RA LT RT	IM	
DTaP/IPV/HBV Pediarix	Under 7 yr	110		LA RA LT RT	IM	
DTaP/IPV/HBV/HIB Vaxelis	6 wks thru 4 yrs	146		LA RA LT RT	IM	
HAV adult Hep A	19 yrs & up	52		LA RA	IM	
HAV pediatric Hep A	12 m thru 18 yr	83		LA RA LT RT	IM	
HAV/HBV Twinrix	18 yrs & up	104		LA RA	IM	
HBV adult Energix	20 yrs & up	43		LA RA	IM	
HBV adult Heplisav-B	18 yrs & up	189		LA RA	IM	
HBV pediatric Hep B	birth thru 19yr	08		LA RA LT RT	IM	
Hib PedVax	under 5 yr*	49		LA RA LT RT	IM	
HPV9 Gardasil	9 yr thru 45 yr	165		LA RA	IM	
FLU- high dose Fluad	65 yrs & up	205		LA RA	IM	
FLU- PF FluLaval/Fluarix	6 months & up	150		LA RA LT RT	IM	
FLU- 317 Flucelvax	19 yrs & up	171		LA RA LT RT	IM	
IPV	6 wks & up	10		LA RA LT RT	IM/SQ	
MCV4 Menveo	11 yr thru 55 yr	136		LA RA	IM	
MMR	12 m & up	03		LA RA	SQ	
MMRV	4 thru 12 yr	94		LA RA	SQ	
PCV-13 Prevnar13	2m thru 4 yr*	133		LA RA LT RT	IM	
PPV23 Pneumovax	2 yr & up	33		LA RA	IM/SQ	
Rotavirus	up to 8 m, 0 day	116		PO		
RZV Shingrix	50 yrs & up	187		LA RA	IM	
Td	7 yr & up	113		LA RA	IM	
Tdap	7 yr & up	115		LA RA	IM	
Trumenba MenB	16 yr thru 23 yr	162		LA RA	IM	
Typhoid	3 yr & up	101		LA RA	IM	
VAR Varicella	12 m & up	21		LA RA	SQ	
COVID Pfizer 217. Ped 218. Moderna 207. J&J 212				LA RA	IM	
TB QFT \$100						
TITERS \$100 except MMRV \$175 DX: Z01.84 86706 Hep B 86765 Measles 86735 Mumps 86762 Rubella 86787 Varicella Use left CPTs MMRV						
HAV/HBV	0, 1, 6 mos. Accelerated 0, 7, 21 – 30 days, 12 mos			Men B	Bexsero 0, 1 mo. Trumenba 0, 6 mos	
HBV	Energix 0, 1 – 2 and 6 – 18 mos Heplisav 0, 1 mo			RZV	0, 2 – 6 mos	
HPV	start 9 – 14 yrs: 0, 6 – 12 mos / Start 15 yrs + 0, 1 – 2, 6 mos			VAR	Catch-up 7 – 12 yrs: 3 mos. Age 13 yrs +: 4 weeks	

Vaccine Administrator _____ Date given _____ Revised 2/3/2022

Amt Paid	Cash Credit card	Check #	Transact RX	Pmt Posted	Next Appt Yes No	IMM widget	Note/ESB	ESB √
----------	---------------------	---------	-------------	------------	---------------------	------------	----------	-------