



**MINERAL COUNTY
Health Department**

Immunization Questionnaire

The following question will help us determine which vaccines you or your child may be given today. If you answer "yes" to any question, it does not necessarily mean you should not be vaccinated. It just means additional questions may be asked. If a question is not clear, please ask your healthcare provider for explanation.

Patient Name _____ DOB _____
 Guardian Name _____ Sex _____ M _____ F _____
 Allergies _____
 Current Medications _____
 Previous serious vaccine reactions _____

Please complete section I. if receiving vaccination for any of the following: Diphtheria, Tetanus, Pertussis, Polio, Hepatitis A, Hepatitis B, Haemophilus Influenza type b, Human Papilloma Virus, Meningococcal, Measles, Mumps, Rubella, Pneumococcal, Rotavirus, Varicella/Chickenpox and/or Zoster/ Shingles

I. Is/has the person who is receiving the immunization:

	Y= Yes	N=No	?= Unsure	Y	N	?
1. Sick today or have/had an illness with fever within the last twenty-four hours?						
2. Had any vaccines in the past 30 days? (if live vaccine given in past 30 days: MMR, Varicella, LAIV, Zoster)						
3. Ever had a serious reaction after receiving a vaccination?						
4. Ever had Guillan-Barre Syndrome? (If within 6 weeks after a previous dose of tetanus toxoid-containing vaccine – Dtap, Tdap if within 6 weeks after a previous dose of influenza vaccine- TIV, LAIV)						
5. Allergic to chicken eggs? (anaphylactic reaction: hives, swelling of mouth and throat, difficulty breathing) (TIV, LAIV)						
6. Allergic to Yeast (anaphylactic reaction: hives, swelling of mouth and throat, difficulty breathing) (Hep B, HPV)						
7. Allergic to gelatin? (Varicella)						
8. Allergic to Streptomycin, Neomycin, or Polymixin B? (MMR, IPV, Varicella, Zoster)						
9. Allergic to latex? (Menactra)						
10. Allergic to Thimerisol? (TIV)						
11. Taking cortison, prednisone, other steroids or anticancer drugs or have you had x-ray treatments? (Live vaccines- MMR, Varicella, Zoster, LAIV)						
12. Have active tuberculosis? (Live vaccines- MMR, Varicella, Zoster, LAIV)						
13. Have cancer, Leukemia, AIDS or any other immune system problems? (Live Vaccines- MMR, Varicella, Zoster, LAIV)						
14. Have any long-term health problems with heart disease, lung disease, asthma, kidney disease, neurologic or neuromuscular disease, metabolic disease (e.g.) diabetes,) liver disease, enemia or other blood disorder? (Live vaccines- MMR, Varicella, Zoster, LAIV)						

