

CHILD/TEEN IMMUNIZATION SCREENING QUESTIONNAIRE

I acknowledge that I have been given a copy and have read, or have had explained to me the information in the Vaccine Information Statement(s) and have received a copy of MultiCare Health System's Notice of Privacy Practice (NPP). I have had a chance to ask questions that were answered to my satisfaction. I understand the risks and benefits of the vaccine(s). I request that the vaccine(s) indicated be given to the child/adolescent named below for whom I am the parent or legal guardian, for whom I am authorized to make this request. I understand my child's immunization information is entered into an electronic database that can be shared with other providers/school personnel.

(Please Print)

Parent/Guardian Name _____ Signature _____ Date _____

Child's Name : _____ Birth Date: _____ Age: _____ ☐ M ☐ F
(First) (Middle) (Last)

Address: _____
(Street Address) (City) (State) (Zip Code)

Phone: _____ Cell Phone: _____ Physician's Name: _____

ARE YOU ☐ Uninsured - No Insurance ☐ Under Insured - Insurance doesn't cover immunizations ☐ Native American ☐ On or eligible for State Supported Insurance: Medicaid, Coupons, Healthy Options, Molina, Basic Health Plan
☐ Privately Insured ☐ Alaska Native
☐ Children's Health Insurance Program (CHIP)

1. Is the child sick today? ☐ Yes ☐ No ☐ Don't Know
2. Does the child have allergies to medications, food, a vaccine component, or latex? ☐ Yes ☐ No ☐ Don't Know
3. Has the child had a serious reaction to a vaccine in the past? ☐ Yes ☐ No ☐ Don't Know
4. Does the child have a long-term health problem with lung, heart, kidney or metabolic disease (e.g., diabetes), asthma, a blood disorder, no spleen, complement component deficiency, a cochlear implant, or a spinal fluid leak? Is he/she on long-term aspirin therapy? ☐ Yes ☐ No ☐ Don't Know
5. If the child to be vaccinated is 2 through 4 years of age, has a healthcare provider told you that the child had wheezing or asthma in the past 12 months? ☐ Yes ☐ No ☐ Don't Know
6. If your child is a baby, have you ever been told he or she has had intussusception? ☐ Yes ☐ No ☐ Don't Know
7. Has the child, a sibling, or a parent had a seizure; has the child had brain or other nervous system problems? ☐ Yes ☐ No ☐ Don't Know
8. Does the child have cancer, leukemia, HIV/AIDS, or any other immune system problem? ☐ Yes ☐ No ☐ Don't Know
9. Does the child have a parent, brother, or sister with an immune system problem? ☐ Yes ☐ No ☐ Don't Know
10. In the past 3 months, has the child 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 ☐ Don't Know
11. In the past year, has the child received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug? ☐ Yes ☐ No ☐ Don't Know
12. Is the child/teen pregnant or is there a chance she could become pregnant during the next month? ☐ Yes ☐ No ☐ Don't Know
13. Has the child received vaccinations in the past 4 weeks? ☐ Yes ☐ No ☐ Don't Know

DO NOT WRITE BELOW THIS LINE (Staff Only-Circle applicable information)

ROTAVIRUS	HAEMOPHILUS (HIB)	PCV-13/ PPSV23*high risk	DTaP-IPV-Hep. B	DTaP-IPV
Rota Teq	ActHib/Pedvax Hib	Prevnar/ Pneumovax *	Pediarix	Kinrix
Mfg. Merck	Mfg. Sanofi/Merck	Mfg. Wyeth	Mfg. GSK/Sanofi	Mfg. GSK
Lot #	Lot #	Lot #	Lot #	Lot #
Site: PO	Site: L R Vas. Lat.	Site: L R Vas. Lat.	Site: L R Del. Vas. Lat.	Site: L R Del. Vas. Lat.
Dose# 2.0 mL PO	Dose # 0.5 mL IM	Dose # 0.5 mL IM	Dose # 0.5 mL IM	Dosage: 0.5 mL IM
VIS date:	VIS date:	VIS date:	VIS date:	VIS date:
IPV	HEPATITIS A	HEPATITIS B	MMR	VARICELLA / MMRV
Ipol	Havrix/VAQTA	Recombivax/Engerix	MMR II	Varivax / ProQuad
Mfg. Sanofi	Mfg. GSK/Merck	Mfg. Merck/GSK	Mfg. Merck	Mfg. Merck
Lot #	Lot #	Lot #	Lot #	Lot #
Site: L R Arm Leg	Site: L R Del. Vas. Lat.	Site: L R Del. Vas. Lat.	Site: L R Arm Leg	Site: L R Arm Leg
Dose # 0.5 mL SQ/IM	Dose# 0.5 mL IM	Dose# 0.5 mL IM	Dose # 0.5 mL SubQ	Dose # 0.5 mL SubQ
VIS date:	VIS date:	VIS date:	VIS date:	
DTaP / DT / Td / Tdap/	MCV - 4	HPV9	INFLUENZA	DTaP-IPV-HIB / MEN B
Infanrix/DT/Tenivac/Boostrix	Menactra/Meneveo	Gardasil 9	Name:	Pentacel /Bexsero
Mfg. Sanofi/GSK	Mfg. Sanofi/Novartis	Mfg. Merck	Mfg.:	Mfg:Sanofi /GSK
Lot #	Lot #:	Lot #	Lot#	Lot#
Site: L R Del. Vas. Lat.	Site: L R Deltoid	Site: L R Deltoid	Site: L R Del Vas. Lat. Nas.	Site: L R Del V as Lat
Dose # 0.5 mL IM	Dose # 0.5 mL IM	Dose # 0.5 mL IM	Dose# 0.25ml 0.5ml 0.2ml	Dose# 0.5ml IM
VIS date:	VIS date:	VIS date:	VIS date:	VIS date:

Vaccine Administrator: _____ Date: _____

Patient Identification - Always Attach Patient Label

Name:

MRN #:

CSN #:

Age / Sex and Gender:

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MultiCare 



87-1904-2 (Rev. 8/20)

Information for Healthcare Professionals about the Screening Checklist for Contraindications to Vaccines (Children and Teens)

Are you interested in knowing why we included a certain question on the screening checklist? If so, read the information below. If you want to find out even more, consult the references in Notes below.

NOTE: For supporting documentation on the answers given below, go to the specific ACIP vaccine recommendation found at the following website: www.cdc.gov/vaccines/hcp/acip-recs/index.html

NOTE: For summary information on contraindications and precautions to vaccines, go to the ACIP's General Best Practice Guidelines for Immunization at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html

1. Is the child 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 otitis media, upper respiratory infections, and diarrhea) are NOT contraindications to vaccination. Do not withhold vaccination if a person is taking antibiotics.

2. Does the child have allergies to medications, food, a vaccine component, or latex? [all vaccines]

An anaphylactic reaction to latex is a contraindication to vaccines that contain latex as a component or as part of the packaging (e.g., vial stoppers, prefilled syringe plungers, prefilled syringe caps). If a person has anaphylaxis after eating gelatin, do not administer vaccines containing gelatin. A local reaction to a prior vaccine dose or vaccine component, including latex, is not a contraindication to a subsequent dose or vaccine containing that component. For information on vaccines supplied in vials or syringes containing latex, see www.cdc.gov/vaccines-pubs/pinkbook/downloads/appendices/B/latex-table.pdf; for an extensive list of vaccine components, see www.cdc.gov/vaccines-pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf. People with egg allergy of any severity can receive any recommended influenza vaccine (i.e., any IIV, RIV, or LAIV) that is otherwise appropriate for the patient's age and health status. For people with a history of severe allergic reaction to egg involving any symptom other than hives (e.g., angioedema, respiratory distress), or who required epinephrine or another emergency medical intervention, the vaccine should be administered in a medical setting, such as a clinic, health department, or physician office. Vaccine administration should be supervised by a healthcare provider who is able to recognize and manage severe allergic conditions.

3. Has the child had a serious reaction to a vaccine in the past? [all vaccines]

History of anaphylactic reaction (see question 2) to a previous dose of vaccine or vaccine component is a contraindication for subsequent doses. History of encephalopathy within 7 days following DTP/DTaP is a contraindication for further doses of pertussis-containing vaccine. There are other adverse events that might have occurred following vaccination that constitute contraindications or precautions to future 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. Does the child have a long-term health problem with lung, heart, kidney, or metabolic disease (e.g., diabetes), asthma, a blood disorder, no spleen, complement component deficiency, a cochlear implant, or a spinal fluid leak? Is he/she on long-term aspirin therapy? [MMR, MMRV, LAIV, VAR]

A history of thrombocytopenia or thrombocytopenic purpura is a precaution to MMR and MMRV vaccines. The safety of LAIV in children and teens with lung, heart, kidney, or metabolic disease (e.g., diabetes), or a blood disorder has not been established. These conditions, including asthma in children ages 5 years and older, should be considered precautions for the use of LAIV. Children with functional or anatomic asplenia, complement deficiency, cochlear implant, or CSF leak should not receive LAIV. Children on long-term aspirin therapy should not be given LAIV; instead, they should be given IIV. Aspirin use is a precaution to VAR.

5. If the child to be vaccinated is 2 through 4 years of age, has a healthcare provider told you that the child had wheezing or asthma in the past 12 months? [LAIV]

Children ages 2 through 4 years who have had a wheezing episode within the past 12 months should not be given LAIV. Instead, these children should be given IIV.

6. If your child is a baby, have you ever been told that he or she has had intussusception? [Rotavirus]

Infants who have a history of intussusception (i.e., the telescoping of one portion of the intestine into another) should not be given rotavirus vaccine.

7. Has the child, a sibling, or a parent had a seizure; has the child had brain or other nervous system problem? [DTaP, Td, Tdap, IIV, LAIV, MMRV]

DTaP and Tdap are contraindicated in children who have a history of encephalopathy within 7 days following DTP/DTaP. An unstable progressive neurologic problem is a precaution to the use of DTaP and Tdap. For children with stable neurologic disorders (including seizures) unrelated to vaccination, or for children with a family history of seizures, vaccinate as usual (exception: children with a personal or family [i.e., parent or sibling] history of seizures generally should not be vaccinated with MMRV; they should receive separate MMR and VAR vaccines). 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 (IIV or LAIV): if GBS has occurred within 6 weeks of a prior influenza vaccination, vaccinate with IIV if at high risk for severe influenza complications.

8. Does the child have cancer, leukemia, HIV/AIDS, or any other immune system problem? [LAIV, MMR, MMRV, RV, VAR]

Live virus vaccines (e.g., MMR, MMRV, VAR, RV, LAIV) are usually contraindicated in immunocompromised children. However, there are exceptions. For example, MMR is recommended for asymptomatic HIV-infected children who do not have evidence of severe immunosuppression. Likewise, VAR should be considered for HIV-infected children age 12 months through 8 years with age-specific CD4+ T-lymphocyte percentage at 15% or greater, or for children age 9 years or older with CD4+ T-lymphocyte counts of greater than or equal to 200 cell/ μ L. VAR should be administered (if indicated) to persons with isolated humoral immunodeficiency. Immunosuppressed children should not receive LAIV. Infants who have been diagnosed with severe combined immunodeficiency (SCID) should not be given a live virus vaccine, including RV. Other forms of immunosuppression are a precaution, not a contraindication, to RV. For details, consult ACIP recommendations (see references in Notes above).

9. Does the child have a parent, brother, or sister with an immune system problem? [MMR, MMRV, VAR]

MMR, VAR, and MMRV vaccines should not be given to a child or teen with a family history of congenital or hereditary immunodeficiency in first-degree relatives (i.e., parents, siblings) unless the immune competence of the potential vaccine recipient has been clinically substantiated or verified by a laboratory.

10. In the past 3 months, has the child 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? [LAIV, MMR, MMRV, VAR]

Live virus vaccines (e.g., LAIV, MMR, MMRV, VAR) should be postponed until after chemotherapy or long-term high-dose steroid therapy has ended. For details and length of time to postpone, consult the ACIP statement. Some immune mediator and immune modulator drugs (especially the antitumor-necrosis factor agents adalimumab, infliximab, and etanercept) may be immunosuppressive. A comprehensive list of immunosuppressive immune modulators is available in CDC Health Information for International Travel (the "Yellow Book") available at wwwnc.cdc.gov/travel/yellowbook/2020/travelers-with-additional-considerations/immunocompromised-travelers. The use of live vaccines should be avoided in persons taking these drugs. To find specific vaccination schedules for stem cell transplant (bone marrow transplant) patients, see General Best Practice Guidelines for Immunization (referenced in Notes above). LAIV, when recommended, can be given only to healthy non-pregnant people ages 2 through 49 years.

11. In the past year, has the child received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug? [MMR, MMRV, VAR]

Certain live virus vaccines (e.g., MMR, MMRV, VAR) may need to be deferred, depending on several variables. Consult the most current ACIP recommendations (referenced in Notes above) for the most current information on intervals between antiviral drugs, immune globulin or blood product administration and live virus vaccines.

12. Is the child/teen pregnant or is there a chance she could become pregnant during the next month? [HPV, IPV, LAIV, MenB, MMR, MMRV, VAR]

Live virus vaccines (e.g., MMR, MMRV, VAR, LAIV) are contraindicated one month before and during pregnancy because of the theoretical risk of virus transmission to the fetus. Sexually active young women who receive a live virus vaccine should be instructed to practice careful contraception for one month following receipt of the vaccine. On theoretical grounds, IPV and MenB should not be given during pregnancy; however, it may be given if there is a risk of exposure. IIV and Tdap are both recommended during pregnancy. HPV vaccine is not recommended during pregnancy.

13. Has the child received vaccinations in the past 4 weeks? [LAIV, MMR, MMRV, VAR, yellow fever]

Children who were given either LAIV or an injectable live virus vaccine (e.g., MMR, MMRV, VAR, yellow fever) should wait 28 days before receiving another vaccination of this type (30 days for yellow fever vaccine). Inactivated vaccines may be given at the same time or at any spacing interval.

VACCINE ABBREVIATIONS

LAIV = Live attenuated influenza vaccine
HPV = Human papillomavirus vaccine
IIV = Inactivated influenza vaccine
IPV = Inactivated poliovirus vaccine
MMR = Measles, mumps, and rubella vaccine
MMRV = MMR+VAR vaccine

RIV = Recombinant influenza vaccine
RV = Rotavirus vaccine
Td/Tdap = Tetanus, diphtheria, (acellular pertussis) vaccine
VAR = Varicella vaccine