

Patient name: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (mo.) (day) (yr.)

# Screening Questionnaire for Child and Teen Immunization



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

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

Form completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Form reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

**Did you bring your child's immunization record card with you?**    yes     no

It is important to have a personal record of your child's vaccinations. If you don't 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 day care, kindergarten, junior high, etc.

# Understanding the Screening Questionnaire for Child & Teen Immunization

The information below has been adapted from *Epidemiology & Prevention of Vaccine-Preventable Diseases*, WL Atkinson et al., editors, CDC, 8th edition, Feb. 2004, and the 2002 General Recommendations on Immunization, *MMWR* 2002;51(RR-2).

## 1. Is the child sick today?

There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events (1, 2). 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, or any vaccine?

History of anaphylactic reaction such as hives (urticaria), wheezing or difficulty breathing, or circulatory collapse or shock (not fainting) from a previous dose of vaccine or vaccine component is a contraindication for further doses. For example, if a person experiences anaphylaxis after eating eggs, do not administer influenza vaccine, or if a person has anaphylaxis after eating gelatin, do not administer MMR or varicella vaccine. Local reactions (e.g., a red eye following instillation of ophthalmic solution) are not contraindications. For an extensive table of vaccine components, see reference 3.

## 3. Has the child had a serious reaction to a vaccine in the past?

History of anaphylactic reaction (see question 2) to a previous dose of vaccine or vaccine component is a contraindication for subsequent doses (1). History of encephalopathy within 7 days following DTP/DTaP is a contraindication for further doses of pertussis-containing vaccine. Precautions to pertussis-containing vaccines include the following: (a) seizure within 3 days of a dose, (b) pale or limp episode or collapse within 48 hours of a dose, (c) continuous crying for 3 hours within 48 hours of a dose, and (d) fever of 105°F (40°C) within 48 hours of a previous dose. 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. Has the child had a seizure or a brain problem?

DTaP is 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. For children with stable neurologic disorders (including seizures) unrelated to vaccination, or for children with a family history of seizure, vaccinate as usual but consider the use of acetaminophen or ibuprofen to minimize fever.

## 5. Does the child have cancer, leukemia, AIDS, or any other immune system problem?

Live virus vaccines (e.g., MMR, varicella, and the intranasal live attenuated influenza vaccine [LAIV]) are usually contraindicated in immunocompromised children. However, there are exceptions. For example, MMR and varicella vaccines are recommended for

asymptomatic HIV-infected children who do not have evidence of severe immunosuppression. Immunosuppressed children should not receive varicella vaccine or LAIV. For details, consult the ACIP recommendations (4, 5, 6).

## 6. Has the child taken cortisone, prednisone, other steroids, or anticancer drugs, or had x-ray treatments in the past 3 months?

Live virus vaccines (e.g., MMR, varicella, LAIV) 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 (1). To find specific vaccination schedules for stem cell transplant (bone marrow transplant) patients, see reference 7. LAIV can only be given to healthy individuals ages 5–49 years.

## 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?

Certain live virus vaccines (e.g., MMR, varicella) may need to be deferred, depending on several variables. Consult the most current ACIP recommendations or the 2003 *Red Book*, p. 423, for the most current information on intervals between immune globulin or blood product administration and MMR or varicella vaccination (1, 2).

## 8. Is the child/teen pregnant or is there a chance she could become pregnant during the next month?

Live virus vaccines (e.g., MMR, varicella, LAIV) are contraindicated prior to and during pregnancy because of the theoretical risk of virus transmission to the fetus (1, 6). Sexually active young women who receive MMR or varicella vaccination should be instructed to practice careful contraception for one month following receipt of either vaccine (8, 9). Inactivated vaccines may be given to a pregnant woman whenever indicated.

## 9. Has the child received vaccinations in the past 4 weeks?

If two live virus parenteral vaccines (e.g., MMR, varicella) are not given on the same day, the doses must be separated by at least 28 days. Inactivated vaccines may be given at the same time or at any spacing interval.

### References:

1. CDC. General recommendations on immunization. *MMWR* 2002; 51(RR-2).
2. AAP. *2003 Red Book: Report of the Committee on Infectious Diseases*. 26th ed. Elk Grove Village, IL: AAP; 2003.
3. Table of Vaccine Components: [www.cdc.gov/nip/publications/pink/appendices/A/excipient2.pdf](http://www.cdc.gov/nip/publications/pink/appendices/A/excipient2.pdf)
4. CDC. Measles, mumps, and rubella—vaccine use and strategies for elimination of measles, rubella, and congenital rubella syndrome and control of mumps. *MMWR* 1998; 47 (RR-8).
5. CDC. Prevention of varicella: updated recommendations of the ACIP. *MMWR* 1999; 48 (RR-6).
6. CDC. Using live, attenuated influenza vaccine for prevention and control of influenza. *MMWR* 2003; 52 (RR-13).
7. CDC. Excerpt from Guidelines for preventing opportunistic infections among hematopoietic stem cell transplant recipients. *MMWR* 2000; 49 (RR-10). [www.cdc.gov/nip/publications/hstc-recs.pdf](http://www.cdc.gov/nip/publications/hstc-recs.pdf)
8. CDC. Notice to readers: Revised ACIP recommendation for avoiding pregnancy after receiving a rubella-containing vaccine. *MMWR* 2001; 50 (49).
9. CDC. Prevention of varicella. *MMWR* 1996; 45 (RR-11).