

Your name: _____

Date of birth: ____/____/____
(mo.) (day) (yr.)

Today's date: ____/____/____
(mo.) (day) (yr.)



Do I need any vaccinations today?

Many adults are behind on their vaccinations. This questionnaire will help you and your healthcare provider determine if you need any vaccinations today. Please check the boxes that apply to you.

Influenza vaccination

- I'd like to be vaccinated to avoid getting influenza and spreading it to others this season.
- I am age 50 or older.
- I live with or provide care for a child younger than age 5.
- I am younger than age 50 and have an ongoing health problem, such as lung, heart, kidney, liver, or blood disease; diabetes; HIV/AIDS; a disease that affects my immune system; a neurologic condition; or a health condition that may cause me to choke when I swallow.
- I live with or provide care for an adult age 50 or older or who has one of the health conditions described above.
- I live in a nursing home or chronic care facility.
- I am or will be pregnant during the influenza season.
- I am a healthcare worker.

Pneumococcal vaccination

- I am age 65 or older, and I have never had a pneumococcal shot.
- I am age 65 or older and had one pneumococcal shot when I was younger than age 65; it has been 5 years or more since that shot.
- I am younger than age 65, I have not been vaccinated against pneumococcal disease, and at least one of the following applies to me:
 - I smoke cigarettes.
 - I have heart, lung (including asthma), liver, kidney, or sickle cell disease; diabetes; or alcoholism.
 - I have a weakened immune system due to cancer, Hodgkin's disease, leukemia, lymphoma, multiple myeloma, kidney failure, HIV/AIDS; or I am receiving radiation therapy; or I am on medication that suppresses my immune system.
 - I have had an organ or bone marrow transplant.
 - I have had my spleen removed, have had or will have a cochlear implant, or have leaking spinal fluid.

Tetanus-, diphtheria-, and pertussis (whooping cough)-containing vaccination (e.g., DTP, DTaP, Tdap, or Td)

- I am younger than age 65 and have not had a pertussis-containing vaccine as an adult.
- I have or will have close contact with a child younger than age 12 months and have not had a pertussis-containing vaccine as an adolescent or adult.
- I have not yet had at least 3 tetanus- and diphtheria-containing shots.
- I have had at least 3 tetanus- and diphtheria-containing shots in my lifetime, but I believe it's been 10 years or more since I received my last shot.
- I have no idea if I ever received any tetanus- and diphtheria-containing shots in school, the military, or elsewhere.

Human papillomavirus vaccination

- I am a woman age 26 or younger and haven't completed a series of shots against human papillomavirus.
- I am a man age 26 or younger and want protection against genital warts.

Shingles (zoster) vaccination

- I am an adult age 60 or older and haven't had a shingles shot.

Note: Adults may need additional vaccinations, such as polio or others. Talk to your healthcare provider.

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Hepatitis A vaccination

- I want to be vaccinated to avoid getting hepatitis A and spreading it to others.
- I was vaccinated with hepatitis A vaccine in the past but never received the second shot.
- I might have been exposed to the hepatitis A virus in the past 2 weeks.
- I am in one of the following risk groups, and I haven't completed the 2-dose series of hepatitis A shots:
 - I travel in countries where hepatitis A is common.^{1,2}
 - I use street drugs.
 - I have (or will have) contact with an adopted child within the first 60 days of their arrival from a country where hepatitis A is common.²
 - I have chronic liver disease.
 - I am a man who has sex with men.
 - I have a clotting factor disorder.

Hepatitis B vaccination

- I want to be vaccinated to avoid getting hepatitis B and spreading it to others.
- I am age 18 or younger and haven't completed the series of hepatitis B shots.
- I was vaccinated with hepatitis B vaccine in the past but never completed the full 3-dose series.
- I am in one of the following risk groups, and I haven't completed the series of hepatitis B shots:
 - I am sexually active and am not in a long-term, mutually monogamous relationship.
 - I inject street drugs.
 - I am a man who has sex with men.
 - I have chronic liver disease.
 - I am an immigrant, or my parents are immigrants from an area of the world where hepatitis B is common.^{3,4}
 - I am or will be on kidney dialysis.
 - I live with or am a sex partner of a person with hepatitis B.
 - I am a healthcare or public safety worker who is exposed to blood or other body fluids.
 - I have been diagnosed with a sexually transmitted disease.
 - I provide direct services for people with developmental disabilities.
 - I have been diagnosed with HIV.
 - I travel outside the U.S.^{1,3}

Measles–Mumps–Rubella (MMR) vaccination

- I was born in 1957 or later and never received an MMR shot.
- I am a woman thinking about a future pregnancy and do not know if I'm immune to rubella.
- I am a healthcare worker, I do not have a history of measles or mumps, and I've had only one dose of MMR vaccine.
- I was born in 1957 or later, and I am included in one of the following groups for whom 2 MMR shots are recommended, but I have received only 1 shot.
 - I am entering college or a post–high school educational institution.
 - I had a blood test that shows I do not have immunity to measles, mumps, or rubella.
 - I travel internationally.

Chickenpox (varicella) vaccination

- I was born in 1980 or later and have never had chickenpox or the vaccine, or I just don't know.
- I was born before 1980 and am either a healthcare worker or foreign born, and am not sure if I've had chickenpox or not.
- I may become pregnant and do not know if I've had chickenpox or the vaccine.

Meningococcal vaccination

- I am age 18 or younger and haven't received a meningococcal shot.
- I am (or will be) a college freshman living in a dorm.
- I am traveling to an area of the world where meningococcal disease is common.¹
- I have sickle cell disease, or my spleen isn't working or has been removed, or I have a persistent complement component deficiency.
- I was previously vaccinated 5 or more years ago and continue to be at risk for meningococcal disease. Note: this does not apply to students whose only risk factor is living in a college dormitory.

1. Call your local travel clinic to find out if additional vaccines are recommended.

2. Countries where hepatitis A is common include all countries other than the U.S., Western Europe, Canada, Japan, Australia, and New Zealand.

3. Areas with high rates of hepatitis B include Africa, China, Korea, Southeast Asia including Indonesia and the Philippines, South and Western Pacific Islands, interior Amazon Basin, certain parts of the Caribbean (i.e., Haiti and the Dominican Republic), and the Middle East except Israel. Areas with moderate rates include South Central and Southwest Asia, Israel, Japan, Eastern and Southern Europe, Russia, and most of Central and South America.

4. Most adults from moderate- or high-risk areas of the world do not know their hepatitis B status. All patients from these areas need hepatitis B blood tests to determine if they have been previously infected. The first hepatitis B shot can be given during the same visit as the blood tests but only after the blood is drawn.