

VACCINE HISTORY

Name _____ Age _____ Date _____

To best serve your medical needs and determine which vaccines may be appropriate for you, we ask that you complete the following questionnaire. All information will be kept completely confidential.

For the following conditions, have you previously received any of the following vaccines? *(Based on Questions 7, 8, & 9)*

	<u>Yes</u>	<u>No</u>	<u>Unsure</u>	<u>Date last received:</u>
Diabetes:				
▪ Tetanus/Whooping cough - recommended for age 19+, every 10 years, and with each pregnancy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
▪ Pneumonia - 1 dose of Pneumovax recommended for 19-64 & 1-2 doses for 65+	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
▪ Hepatitis B - 2 dose Dynavax or 3 dose Engerix-B/Recombivax)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
▪ Shingrix - 50 and older only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lung (including tobacco smoker) or Heart (non-high blood pressure) disease:				
▪ Tetanus/Whooping cough - recommended for age 19+, every 10 years, and with each pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
▪ Pneumonia - one dose of PPSV23 recommended for 19-64	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
▪ Shingrix - 50 and older only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Immuno-compromised:				
▪ Tetanus/Whooping cough - recommended for age 19+, every 10 years, and with each pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
▪ Pneumonia – PCV13 first then PPSV23 8 weeks later	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pregnancy:				
▪ Tetanus/Whooping cough - with each pregnancy between weeks 27-36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Have you previously received any of the following vaccines?				
Under 18				
▪ Tetanus/Whooping cough – recommended booster 11-12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
▪ HPV – recommended 2-3 dose series starting at age 9-26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
▪ Meningococcal (conjugate A) – recommended at 11-12 and booster at 16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
▪ Meningococcal (conjugate B) – recommended at age 16-18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Age 19-49				
▪ Tetanus/Whooping cough - recommended every 10 years, and with each pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
▪ MMR – recommended if born in 1957 or later	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
▪ HPV – recommended through age 26, 27-45 is optional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Age 50-64				
▪ Tetanus/Whooping cough - recommended every 10 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
▪ Shingrix – recommended 2 dose series	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
▪ MMR – recommended if born in 1957 or later	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Age 65+				
▪ Shingrix – recommended 2 dose series	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
▪ Pneumonia – Possibly 2 doses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Please utilize the following website or QR code provided by the CDC to determine which vaccines you may need.

<https://www2.cdc.gov/nip/adultimmsched/>

