

VACCINE QUESTIONNAIRE



Information is for the person receiving the vaccine. Please print. Use full legal name.

First Name: _____ Last: _____ MI: ____ Date of Birth: _____

Address: _____ Telephone: _____

Age: _____ Gender: Female Male Email: _____

Race: To better serve our population, circle all that apply White American Indian Asian Black or African American
Alaskan Native Hispanic/Latino Pacific Islander Other _____ Unknown Prefer not to answer

Preferred language: English Other: _____

Health Questions for the person who is receiving vaccines or a blood draw:	
Has the person eaten today?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ever felt dizzy or faint before, during or after a shot or a blood draw? Feel anxious today?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Feel sick today?	<input type="checkbox"/> Yes <input type="checkbox"/> No
List allergies to medications, food, or latex.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have a long-term health problem with lung, heart, kidney, liver, brain/nervous system, metabolic disease (e.g., diabetes), asthma, blood disorder, no spleen, a cochlear implant, or spinal fluid leak?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Health Questions for the person receiving vaccines:	
Ever had a life-threatening reaction to a vaccine in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No
On long-term aspirin therapy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Had a seizure or had a parent, brother or sister who has had a seizure? Any brain or other nervous system problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have cancer, leukemia, HIV/AIDS, or any immune system problem? Have a parent, brother, or sister with an immune system problem?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In the past 6 months, taken medications affecting 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In the past year, received a transfusion of blood or blood products, or immune (gamma) globulin or an antiviral drug?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Been diagnosed with a heart condition (myocarditis/pericarditis), or had a history of Multisystem Inflammatory Syndrome (MIS-C) after an infection with COVID virus?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Had vaccinations in the past 4 weeks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Uses Tobacco or e-cigarettes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Females only:</i> pregnant or could become pregnant during the next month?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Babies only</i> (under 8 months): had intussusception (bowel obstruction)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name: _____ Age: _____ *Use Encounter Note **IMM Visit**

VFC: Medicaid, American Indian, No insurance, Underinsured **Private Vaccine & ADULT Medicaid**

VFA: Underinsured/No insurance:

Flu, IPV, MMR, & Tdap (19 +). HPV (19 – 45 yrs) MCV4 & COVID (19 – 64 yrs) PCV20 & PCV21(high risk 19 – 64 yrs)
Hep A, Hep B, Twinrix (high risk 19+, **not** for travel, employment, or immigration)

VACCINE	AGES	CVX	LOT	SITE	Route	INITIAL
COVID 308: 6m – 4yrs	310: 5 – 11yrs	309: 12yrs +			IM	
DTaP	<i>under 7yr</i>	20		LA RA LT RT	IM	
DTaP/IPV	Kinrix <i>4 thru 6 yr</i>	130		LA RA LT RT	IM	
DTaP/IPV/HBV	Pediarix <i>Under 7 yr</i>	110		LA RA LT RT	IM	
DTaP/IPV/HBV/HIB	Vaxelis <i>6 wks thru 4 yrs</i>	146		LA RA LT RT	IM	
HAV <i>adult</i>	Hep A <i>19 yrs & up</i>	52		LA RA	IM	
HAV <i>pediatric</i>	Hep A <i>12 m thru 18 yr</i>	83		LA RA LT RT	IM	
HAV/HBV	Twinrix <i>18 yrs & up</i>	104		LA RA	IM	
HBV <i>adult</i>	Engerix <i>20 yrs & up</i>	43		LA RA	IM	
HBV <i>adult</i>	Heplisav-B <i>18 yrs & up</i>	189		LA RA	IM	
HBV <i>pediatric</i>	Hep B <i>birth thru 19yr</i>	08		LA RA LT RT	IM	
Hib PedVax	<i>under 5 yr*</i>	49		LA RA LT RT	IM	
HPV9	Gardasil <i>9 yr thru 45 yr</i>	165		LA RA	IM	
FLU- adjuvanted	Fluad <i>65 yrs & up</i>	168		LA RA	IM	
FLU- PF	FluLaval/Fluarix <i>6 months & up</i>	140		LA RA LT RT	IM	
FLU- VFA	Flucelvax <i>19 yrs & up</i>	153		LA RA LT RT	IM	
IPV	<i>6 wks & up</i>	10		LA RA LT RT	IM/SQ	
MCV4	Menveo <i>11 yr thru 55 yr</i>	136		LA RA	IM	
Men B	Bexsero <i>16 yr thru 23 yr</i>	163		LA RA	IM	
Men B	Trumenba <i>16 yr thru 23 yr</i>	162		LA RA	IM	
MMR	<i>12 m & up</i>	03		LA RA	SQ	
MMRV	<i>4 thru 12 yr</i>	94		LA RA	SQ	
PCV20	Prevnar 20 <i>2 months & up</i>	216		LA RA LT RT	IM	
Rotavirus	<i>up to 8 m, 0 day</i>	116		PO		
RSV	Abrysvo <i>60 yrs & up & pregnancy</i>	305		LA RA	IM	
RSV	Beyfortus 50 MG <i>Under 8 mo</i>	306		LT RT	IM	
RSV	Beyfortus 100 MG <i>Under 8 mo</i>	307		LT RT	IM	
Tdap	<i>7 yr & up</i>	115		LA RA	IM	
Typhoid	<i>3 yr & up</i>	101		LA RA	IM	
VAR	Varicella <i>12 m & up</i>	21		LA RA	SQ	
ZOSTER - RZV	Shingrix <i>50 yrs & up</i>	187		LA RA	IM	

86480 TB QFT \$100 **DX: Z11.1** Tuberculosis screening OR **Z20.1** TB Exposure **R61** night sweats **R63.4** wt loss
R05 cough **R04.2** Hemoptysis **Z91.89** High risk for TB (recently in high prevalent country, HIV, IV drug use, jail)

TITERS: single: \$100 MMRV \$175 **DX: Z01.84**
86706 Hep B **86765** Measles **86735** Mumps **86762** Rubella **86787** Varicella MMRV – Use Order Panel

HAV/HBV	0, 1, 6 mos. Accelerated 0, 7, 21 – 30 days, 12 mos				Men B	0 and 6 months		
HBV	Engerix 0, 1 – 2 and 6 – 18 mos Heplisav 0, 1 mo				RZV	0, 2 – 6 mos		
HPV	start 9 – 14 yrs: 0, 6 – 12 mos / Start 15 yrs + 0, 1 – 2, 6 mos				VAR	Catch-up 7 – 12 yrs: 3 mos. Age 13 yrs +: 4 weeks		
Amt Paid	Transact RX	Pmt Posted	Next Appt Yes No	Nurse Initials	Date	Documented	ESB <input checked="" type="checkbox"/>	Revised 11/26/2024