

YOUR NAME _____ DATE OF BIRTH _____ / _____ / _____ TODAY'S DATE _____ / _____ / _____
month / day / year month / day / year

Do I Need Any Vaccinations Today?

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 haven't had my annual influenza vaccination yet this season – so I need it now.

Pneumococcal vaccination (PPSV23, PCV13)

- I am 65 or older. I either never received a pneumococcal shot or I don't remember receiving a shot.
- I am 65 or older and received 1 or 2 doses of pneumococcal vaccine when I was younger than 65. It has either been 5 years or more since my last shot or I don't remember how long it has been.
- I am younger than 65. I have not been vaccinated against pneumococcal disease, and I am in one of the following risk groups:
- 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 had an organ or bone marrow transplant.
 - I had my spleen removed, had or will have a cochlear implant, or have leaking spinal fluid.
 - I live in a nursing home or other long-term care facility, and I have never had a pneumococcal shot.

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

- I either never received a dose of Tdap vaccine or I don't remember if I have.
- I have not yet received at least 3 tetanus- and diphtheria- containing shots.
- I have received 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 am in my late second or third trimester of my pregnancy and haven't had a dose of Tdap vaccine during this pregnancy.

Measles, mumps, rubella (MMR) vaccination

- I was born in 1957 or later and either never received an MMR shot or I don't remember receiving a 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, and I have no laboratory evidence of immunity to measles, mumps, or rubella. I received 1 dose of MMR vaccine, but I don't remember receiving 2 doses.
- I was born in 1957 or later. I received only 1 MMR shot, and I am in one of the following groups:
- I am entering college or a post-high school educational institution.
 - I am planning to travel internationally.

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Human papillomavirus (HPV) vaccination

- I am a woman 26 or younger and haven't completed a 3-dose series of HPV shots.
- I am a man 21 or younger and haven't completed a 3-dose series of HPV shots.
- I am a man 22 through 26 years. I haven't completed a 3-dose series of HPV shots, and I am in one of the following groups:
 - I want to be protected from HPV.
 - I have a weakened immune system as a result of infection (including HIV), disease, or medications.
 - I have sex with men.
- I am older than 26 and although I started the HPV series when I was younger, I never completed it.

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. I either never received the second shot or don't remember if I received it.
- 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 or plan to travel in countries where hepatitis A is common.^{1,2}
 - I have (or will have) contact with an adopted child within the first 60 days of the child's arrival from a country where hepatitis A is common.²
 - I am a man who has sex with men.
 - I use street drugs.
 - I have chronic liver disease.
 - I have a clotting factor disorder.
 - I work with HAV-infected primates or with HAV in a research laboratory setting.

Hepatitis B vaccination

- I want to be vaccinated to avoid getting hepatitis B and spreading it to others.
- I am 18 or younger and haven't completed the series of hepatitis B shots.
- I was vaccinated with hepatitis B vaccine in the past. I either never completed the full series or don't remember if I completed the series.
- I am in one of the following risk groups. I either haven't completed the 3-dose series of hepatitis B shots or don't remember if I completed the series:
 - I am sexually active and am not in a long-term, mutually monogamous relationship.
 - I am a man who has sex with men.
 - I am an immigrant, or my parents are immigrants, from an area of the world where hepatitis B is common, so I need testing and may need vaccination.^{3,4}
 - I live with or am a sex partner of a person with hepatitis B.
 - I have been diagnosed with a sexually transmitted disease.
 - I have been diagnosed with HIV.
 - I inject street drugs.
 - I have chronic liver disease.
 - I am or will be on kidney dialysis.
 - I have diabetes and I am younger than 60 years and/or receiving assisted glucose monitoring.
 - I am a healthcare or public safety worker who is exposed to blood or other body fluids.
 - I provide direct services to people with developmental disabilities.
 - I travel or plan to travel outside the U.S.^{1,3}

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Chickenpox (varicella) vaccination

- I was born in 1980 or later. I neither had chickenpox nor received the vaccine, or I don't remember if I had the disease or received the vaccine.
- I was born before 1980. I am either a healthcare worker or foreign born, and I am not sure if I've had chickenpox or not.
- I received one dose of varicella vaccine in the past but never got a second shot.

Meningococcal vaccination

- I am 18 or younger and haven't received a meningococcal shot.
- I am 21 or younger. I haven't had a meningococcal shot since my 16th birthday, and I am (or will be) in college, living in a residence hall.
- 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 am a microbiologist routinely exposed to isolates of *Neisseria meningitidis*.
- I was vaccinated 5 or more years ago and continue to be at risk for meningococcal disease because I am in one of the risk groups listed above. Note: this does not apply to students whose only risk factor is attending college.

Shingles (zoster) vaccination

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

Haemophilus influenzae type b (Hib) vaccination

- My spleen has been removed, or I am scheduled for an elective splenectomy.
- I am a recipient of a stem cell transplant.

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

FOOTNOTES

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.