

Patient Name: _____ Date of Birth: _____

Screening Questionnaire for Child and Teen Immunization (including Influenza Vaccination)

	Yes	No	Don't Know
1. Is the child sick today?			
2. Does the child have allergies to medications, food, or any vaccine?			
3. Has the child had a serious reaction to a vaccine in the past?			
4. Does the child, or household contact, have cancer, leukemia, AIDS, or any other immune system problem?			
5. Has the child, or household contact, taken cortisone, prednisone, other steroids, or anticancer drugs, or had x-ray treatments in the past 3 months?			
6. Has the child received vaccinations in the past 4 weeks?			

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 healthcare provider to give you one. Bring this record with you every time you seek medical care for your child. Make sure your healthcare provider records all your child's vaccinations on it. Your child will need this card to enter daycare, kindergarten, junior high, etc.