

Student Health Service

University of Iowa
4189 Westlawn
Iowa City IA 52242

Vaccine Questionnaire

1. Please complete the questionnaire. If a question is not clear, please ask a health care staff member to explain it.

	NO	YES	?
• Have you ever become dizzy or fainted from having blood drawn or an injection?	<input type="checkbox"/>	<input type="checkbox"/>	
• Have you eaten in the last 4 hours?	<input type="checkbox"/>	<input type="checkbox"/>	
• Do you think you are sick today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Do you have serious allergies or a severe reaction to latex, medicines, eggs, gelatin, neomycin or a previous vaccine? If YES, specify:	<input type="checkbox"/>	<input type="checkbox"/>	
• Do you have any chronic conditions (for example: asthma, diabetes, arthritis, diseases of the lungs/heart/kidneys/liver/nerves/stomach/intestines or blood disorders)? If YES, specify:	<input type="checkbox"/>	<input type="checkbox"/>	
• Do you have a weak immune system (for example: from HIV, cancer, medications such as steroids, medications to treat cancer, or radiation treatments)? If YES, specify:	<input type="checkbox"/>	<input type="checkbox"/>	
• Have you received any other vaccines in the past 4-6 weeks? If YES, specify:	<input type="checkbox"/>	<input type="checkbox"/>	
• Have you read the Vaccine Information Statement?	<input type="checkbox"/>	<input type="checkbox"/>	
• If under age 19, do you REGULARLY take Aspirin or medications containing aspirin?	<input type="checkbox"/>	<input type="checkbox"/>	
• For Women: Could you be pregnant or planning to become pregnant in the next month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Have you ever had a positive tuberculosis skin test or had a blood test for tuberculosis?	<input type="checkbox"/>	<input type="checkbox"/>	

2. Please circle requested vaccine(s) to be administered.

Hepatitis A	Influenza shot	MMR	Td	Yellow Fever
Hepatitis B	Influenza nasal spray	Pneumococcal	Tdap	_____
Hepatitis A/B	Japanese Encephalitis	Polio	Typhoid	_____
HPV	Meningococcal conjugated	Rabies	Varicella	_____

(_____) Signature _____
Today's Date ____/____/____