



## VA Gateway Urgent Care Center

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Gainesville, VA 20155  
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Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Date: \_\_\_\_\_

☐ Male ☐ Female Females: Date of Last Menstrual Period \_\_\_\_\_

SS # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Are you sick today? ☐ Yes ☐ No  
Have you received any shots/immunizations in the past four weeks? ☐ Yes ☐ No  
Have you had any serious reactions to previous vaccines? ☐ Yes ☐ No  
Do you have any allergies to eggs, thimerosal, neomycin, streptomycin, baker's yeast or gelatin? ☐ Yes ☐ No  
Do you take cortisone, prednisone, other steroids, or anticancer drugs, or have you had radiation/chemotherapy treatment? ☐ Yes ☐ No  
Do you or someone you live with have cancer, leukemia, HIV/AIDS, Guillain-Barre Syndrome, or any other immune system problem? ☐ Yes ☐ No  
During the past year, have you received blood, blood products, or gamma globulin? ☐ Yes ☐ No  
Are you breast feeding, pregnant or planning to get pregnant within the next three months? ☐ Yes ☐ No

**I have received and read the vaccine information statement for the vaccines I am about to receive. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of the vaccine(s) and request that it/they be given to me. I agree that my immunization record may be shared with other health care providers. I understand that this information will be kept confidential.**

**My signature below indicates my understanding and consent to terms above and that all information provided is accurate to the best of my knowledge.**

\_\_\_\_\_  
Patient's Signature or Parent if Patient is a minor

\_\_\_\_\_  
Date

### Below for Office use only

VIS provided:	Immunizations:	Dose, Route, Site:	Manufacturer, Lot #, Expiration Date:
04/20/12 <input type="checkbox"/> 90707	MMR	0.5 ml SQ <u>upper arm</u>	_____
02/24/15 <input type="checkbox"/> 90718	TDAP	0.5 ml IM <u>deltoid</u>	_____
08/21/14 <input type="checkbox"/> 90658	Influenza	0.5 ml IM <u>deltoid</u>	_____
04/24/15 <input type="checkbox"/> 90732	Pneumovax	0.5 ml IM/SQ <u>deltoid</u>	_____
02/02/12 <input type="checkbox"/> 90746	Hepatitis B 1 2 3	5 mcg / 10 mcg / 20mcg IM <u>deltoid</u>	_____
10/25/11 <input type="checkbox"/> 90632	Hepatitis A 1 2	1 ml IM <u>deltoid</u>	_____
10/14/11 <input type="checkbox"/> 90733	Meningococcal vaccine	0.5 ml IM <u>deltoid</u>	_____

Other vaccine \_\_\_\_\_

Vaccine Administrator's Signature, \_\_\_\_\_

Date \_\_\_\_\_

Time: \_\_\_\_\_

☐ vaccine reconstituted and used within 8 hours

## Understanding the Screening Questionnaire for Immunization Form

### Are you sick today?

There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events. However, with moderate or severe acute illness, all vaccines should be delayed until the illness has improved. Mild illnesses (such as upper respiratory infections or diarrhea) are NOT contraindications to vaccination. Do not withhold vaccination if a person is taking antibiotics.

### Have you received any shots/immunizations in the past 4 weeks?

If two live virus vaccines (e.g., MMR, varicella, yellow fever) are not given on the same day, the doses must be separated by at least 28 days. Inactivated vaccines may be given at any spacing interval if they are not administered simultaneously. Delay PPD testing for 4-6 weeks after receiving MMR. MMR and PPD can be given on the same day. PPD can also precede MMR, but if MMR has been given a day or more before PPD – you have to wait for 4 weeks before administering PPD because MMR can suppress the body's response to PPD skin test.

### Have you ever had a serious reaction after receiving a vaccination?

History of anaphylactic reaction to a previous dose of vaccine or vaccine component is a contraindication for subsequent doses. Under normal circumstances, vaccines are deferred when a precaution is present. However, situations may arise when the benefit outweighs the risk (e.g., community measles outbreak).

### Do you have any allergies to eggs, thimerosal, neomycin, streptomycin, baker's yeast, or gelatin?

History of anaphylactic reaction such as hives (urticaria), wheezing or difficulty breathing, or circulatory collapse or shock (not fainting). Specifically: eggs- do not administer influenza/flu vaccine; thimerosal- do not administer Hepatitis B, Local reactions (e.g., a red eye following instillation of ophthalmic solution) are not contraindications.; neomycin- do not administer MMR, varicella/chicken pox, or IPV; streptomycin- do not administer IPV; if a person has anaphylaxis after eating baker's yeast- do not administer Hepatitis B or anaphylaxis after eating gelatin- do not administer MMR or varicella vaccine.

### Do you take cortisone, prednisone, other steroids, or anticancer drugs, or have you had radiation/chemotherapy treatments?

Live virus vaccines (e.g., MMR, varicella) should be postponed until after chemotherapy or long-term high-dose steroid therapy has ended. For details and length of time to postpone, consult the ACIP statement.

### Do you or someone you live with have cancer, leukemia, HIV/AIDS, Guillain-Barre Syndrome, or any other immune system problem?

Live virus vaccines (e.g., MMR, varicella) are usually contraindicated in immunocompromised people. However, there are exceptions. For example, MMR is recommended for asymptomatic HIV-infected individuals who do not have evidence of severe immunosuppression. Anyone who has ever had **GBS** should not be vaccinated with MCV4. Oral Polio and Flumist are contradictory if family members are immunocompromised. For details, consult the ACIP recommendations.

### During the past year, have you received a transfusion of blood or blood products, or been given a medicine called immune (gamma) globulin?

Live virus vaccines (e.g., MMR, varicella) may need to be deferred, depending on several variables. Consult the ACIP Statement "General Recommendations on Immunization" (1) or *2000 Red Book*, p. 390 (2), allow at least 5 months interval between immune globulin or blood product administration and MMR or varicella vaccination.

### For women: Are you breast feeding, pregnant or planning to get pregnant within the next 3 months?

Live virus vaccines (e.g., MMR, varicella) are contraindicated prior to and during pregnancy due to the theoretical risk of virus transmission to the fetus. Sexually active women in their child-bearing years who receive MMR or varicella vaccination should be instructed to practice careful contraception for 3 months following receipt of either MMR vaccine or varicella vaccine. Inactivated vaccines may be given to a pregnant woman whenever indicated.