

Minimum Screening Questionnaire for Immunizing Pharmacists (Comments in italics are notes for use in applying questionnaire, but do not need to be present on patient copy to meet minimum standards.)

Final version (8.30.13)

1. Are you sick today?
2. Do you have allergies to medications, food, yeast, a vaccine component, or latex?
3. Have you ever had a serious reaction after receiving a vaccination?
4. Has any physician or other healthcare professional ever cautioned or warned you about receiving certain vaccines or receiving vaccines outside of a medical setting?
5. Do you have a long-term health problem such as heart disease, lung disease, liver disease, asthma, kidney disease, metabolic disease (e.g., diabetes), anemia or other blood disorder? *(If so these need to be addressed in protocol based on current accepted guidelines.)*
6. Do you have cancer, leukemia, HIV/AIDS, or any other immune system problem? Have you been diagnosed with rheumatoid arthritis, ankylosing spondylitis, Crohn's disease?
7. In the past 3 months, have you taken medications that weaken your immune system, such as cortisone, prednisone, other steroids, or anticancer drugs, or have you had radiation treatments?
8. Have you had a seizure or a brain or other nervous system problem or Guillian Barre?
9. During the past year, have you received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug? *(response needs to be addressed in protocol)*
10. For women, are you pregnant or is there a chance you could become pregnant during the next month? *(protocol needs to address for specific vaccines)*
11. Have you received any vaccinations or TB skin test in the past 4 weeks?
12. Do you have a history of fainting, particularly with vaccines? *(if so need vagal precautions built into protocol with triage and treatment recommendations should this occur at pharmacy)*
13. For Tdap and adult Td. Do you have a cut, injury, puncture or open wound that prompted you to get a tetanus shot?
14. For Zoster—add the following:
 - a. Have you had a past reaction to gelatin or triple antibiotic ointment?

It is the patients responsibility to seek appropriate follow up care for any adverse reaction that may result from this vaccine.

For any affirmative answer, clinical due diligence should be utilized, and the protocol governing immunizing pharmacists should address affirmative answers to these questions.

An immunization must NOT be given if there is an affirmative answer to question 4 or question 13.