Please circle “Yes” or “No” for the following questions.

1. Think of all the vaccine shots you have received in your life. Is there a recent record of those at another doctor's office, in your home, at a school, or at your job?
   - Yes  No

2. If “Yes” to above, would you be willing to sign a form so that this information can be given to your doctor?
   - Yes  No

3. Are you allergic to any medicines or foods?
   - Yes  No

4. Have you ever had a serious reaction to a shot?
   - Yes  No
Please circle or fill in the answer that best fits you for the following questions.

5. What country were you born in? _______________

6. Are you working at a job that pays money?
   Yes No

7. What is the highest grade in school that you finished?
   A. None
   B. Less than 6th grade
   C. 6th through 9th grade
   D. 10th through 12th grade, but did not graduate
   E. High school graduate or GED
   F. Training after high school, other than college (vocational, technical, etc.)
   G. Some college
   H. Graduated from college
   I. Post graduate

8. What is your race?
   A. Black
   B. White
   C. Asian
   D. American Indian/Alaska native
   E. Other

9. What is your ethnicity?
   A. Hispanic (e.g., Mexican, Puerto Rican, Cuban, etc.)
   B. Non-Hispanic
DO I NEED ANY VACCINE SHOTS?

Many adults have not had all the vaccine shots that they need to prevent serious sickness. Do you know if you have? These lists will help you learn if you need any vaccine shots now or in the future.

Please circle “Yes” or “No” for the following statements.

1. I am 50 years old or older.
   - Yes  No

2. One or more of the following conditions applies to me:
   - I have diabetes mellitus (sugar).
   - I have lung disease, including asthma.
   - I have heart or kidney disease.
   - I have sickle-cell disease.
   - I have cancer or HIV/AIDS.
   - I may be pregnant during the flu season (November to March).
   - I take steroids (such as prednisone).
   - Yes  No

3. One or more of the following situations applies to me:
   - I live with someone who has one of the conditions listed above.
   - I live with or care outside the home for a child less than 2 years old.
   - I am a health care worker.
   - I provide essential community services.
   - Yes  No

4. I will travel to one or more of the following places:
   - to the tropics at anytime
   - to South America, Australia or Africa during April through September
   - with a large group (such as a cruise ship)
   - Yes  No

If you answered “Yes” to any of these statements, you may need the flu vaccine shot during the flu season (November through March).

5. I already had a flu vaccine shot this season.
   - Yes  No

Adult Vaccination Screening Form
Please circle “Yes” or “No” for the following statements:

1. I am an American Indian or Alaska Native.  
   Yes  No

2. I am 65 years old or older.  
   Yes  No

3. One or more of the following applies to me:
   - I have diabetes mellitus (sugar).
   - I have lung disease, not just asthma.
   - I have heart, kidney, or liver disease.
   - I have a drinking problem (alcoholism).
   - I have sickle-cell disease.
   - I have cancer or HIV/AIDS.
   - I do not have a spleen.
   - I have spinal fluid leak.
   - I take steroids (such as prednisone).  
   Yes  No

4. I am 65 years old or older and had a pneumonia (pneumococcal) vaccine shot when I was younger than 65, and it has been 5 years or more since I had that vaccine shot.  
   Yes  No

If you answered “Yes” to any of these statements, you may need the pneumonia (pneumococcal) vaccine shot.

5. I already had a pneumonia (pneumococcal) vaccine shot.  
   Yes  No
HEPATITIS A SHOT

Please circle “Yes” or “No” for the following statements:

1. One or more of the following applies to me:
   - I plan to visit a foreign country (but don't count Canada, Japan, Australia or Western Europe).
   - I take drugs bought on the street (use needles or snort).
   - I am a man who has sex with men.
   - I have had more than one sex partner during the last 6 months.
   - I have had liver disease for a long time, or I have hepatitis C.
   - I have a blood-clotting disease with clotting factor infusions.

   Yes  No

   If you answered “Yes” to this statement, you may need the hepatitis A vaccine shot.

2. I have had hepatitis A infection or 2 hepatitis A vaccine shots.
   Yes  No

HEPATITIS B SHOT

Please circle “Yes” or “No” for the following statements:

1. I am under 20 years old.
   Yes  No

2. One or more of the following applies to me:
   - I am a health care or public safety worker who could be exposed to blood or body fluids.
   - I recently had or was treated for a sexually transmitted disease.
   - I had more than one sex partner during the last 6 months.
   - I am a man who has sex with men.
   - I have sex or live with a person with hepatitis B.
   - I have had liver disease for a long time, or I have hepatitis C.
   - I shoot drugs with needles.
   - I have bad kidney disease.
   - I provide direct services for people with developmental disabilities.
   - I will live in Asia or Africa for more than 6 months.
   - I come from Asia or the Pacific Islands.
   - I have a blood-clotting disease.

   Yes  No

   If you answered “Yes” to any of these statements, you may need the hepatitis B vaccine shot.

3. I have had hepatitis B infection or 3 hepatitis B vaccine shots.
   Yes  No
**TETANUS SHOT**

Please circle “Yes” or “No” for the following statement:

1. It has been more than 10 years since my last tetanus booster shot.
   - Yes  No

   If you answered “Yes” to this statement, you may need the tetanus vaccine shot.

---

**MEASLES-MUMPS-RUBELLA (MMR) SHOT**

Please circle “Yes” or “No” for the following statements:

1. I was born in 1957 or later.
   - Yes  No

2. I am a woman who was born outside of the U.S. who could become pregnant.
   - Yes  No

3. One or more of the following applies to me:
   - I am a health care worker.
   - I am entering college or a trade school.
   - I have HIV/AIDS.
   - I plan to visit foreign countries in the future.
   - Yes  No

   If you answered “Yes” to any of the statements above, you may need the Measles-Mumps-Rubella (MMR) vaccine shot.

4. I have had at least one Measles-Mumps-Rubella (MMR) vaccine shot.
   - Yes  No