



400 S. McCaslin Blvd. #103, Louisville, CO 80027 & 3140 Village Vista Drive #104, Erie, CO 80516
Phone 303-666-7337 • Fax 303-666-7379

SCREENING QUESTIONNAIRE AND IMMUNIZATION CLINIC FORM

Please print and complete prior to your appointment

This form helps us decide which vaccines can safely be given to your child at this time. Please answer these questions by circling yes, no, or don't know. If the question is not clear, please ask the medical assistant to explain it.

- | | | | |
|---|-----|----|------------|
| 1. Is your child sick today | Yes | No | Don't Know |
| 2. Does your child have allergies to medications, eggs, or any vaccines? | Yes | No | Don't Know |
| 3. Has your child had a serious reaction to a vaccine in the past? | Yes | No | Don't Know |
| 4. Does your child or anyone who lives with your child or takes care of your child have cancer, leukemia, AIDS, or any other immune system problem? | Yes | No | Don't Know |
| 5. Has your child had a seizure or a neurological problem? | Yes | No | Don't Know |
| 6. Does your child or anyone who lives with your child or takes care of your child take cortisone, prednisone, other steroids, anticancer drugs, or x-ray treatments? | Yes | No | Don't Know |
| 7. Has your child received a transfusion of blood, plasma, or a medication called immune globulin in the past? | Yes | No | Don't Know |
| 8. Is your child pregnant or at risk for becoming pregnant within the next three months? | Yes | No | Don't Know |

Did you bring your child's immunization card with you? It is important for you to receive a personal record of your child's shots. If you don't have a record card, ask the medical assistant to give you one. Bring this record with you every time you bring your child to the office for a physical or to receive an immunization. Make sure we record all vaccinations on it. Your child will need this card to enter daycare, kindergarten, junior high, etc.

I request that my child, _____, born on _____, receive _____ vaccines/immunizations on this date, _____.

 Parent or Guardian

Date _____

Witness _____