



International Travel Vaccine Questionnaire

Screening Checklist for Contraindications /to Vaccines For Adult International Travel

Patient Name: _____ Date of Birth: _____

For Patients: The following questions will help us determine which vaccines you may be given today. If you answer “yes” to any question, it does not necessarily mean you should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

		Yes	No	Not Sure
1	Are you sick today?			
2	Do you have allergies to medications, food, a vaccine component, or latex?			
3	Have you ever had a serious reaction after receiving a vaccination?			
4	Do you have a long-term health problem with heart, lung, kidney, or metabolic disease (e.g., diabetes), asthma, a blood disorder, no spleen, complement component deficiency, a cochlear implant, or a spinal fluid leak? Are you on long-term aspirin therapy?			
5	Do you have cancer, leukemia, HIV/AIDS, or any other immune system problem?			
6	Do you, have a parent, brother, or sister with an immune system problem?			
7	In the past 3 months, have you taken medications that affect your immune system, such as cortisone, prednisone, other steroids, or anticancer drugs; drugs for the treatment of rheumatoid arthritis, Crohn's disease, or psoriasis; or have you had radiation treatments?			
8	Have you had a seizure or a brain or other nervous system problem?			
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?			
10	For Women: Are you pregnant or is there a chance you could become pregnant during the next month?			
11	Are you breast feeding?			
12	Have you received any vaccinations in the past 4 weeks? (examples: MMR, Varicella, Yellow Fever, Rabies Vaccine)			

Patient Signature: _____

Form reviewed by: _____

YES NO

Did you bring your immunization record card with you?	<input type="checkbox"/>	<input type="checkbox"/>
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It is important for you to have a personal record of your vaccinations. If you don't have a personal record, ask your healthcare provider to give you one. Keep this record in a safe place and bring it with you every time you seek medical care. Make sure your healthcare provider records all your vaccinations on it.