

HOWARD UNIVERSITY STUDENT HEALTH CENTER IMMUNIZATION QUESTIONNAIRE

Name _____ Student ID# _____

Date of Birth _____ Place of Birth _____

Please read and answer **all** questions. Explain all **yes** answers.

- | | YES | NO |
|--|-------|-------|
| 1. Are you sick today? | _____ | _____ |
| 2. Have you ever had an allergic reaction to any IMMUNIZATIONS, LATEX, FOODS, EGGS, GELATIN, MEDICATION, NEOMYCIN, MERCURIAL ANTISEPTICS OR EYEDROPS? | _____ | _____ |
| 3. Have you ever had any (circle) PARALYSIS, BRAIN DISEASE or GUILLAIN-BARRE SYNDROME? | _____ | _____ |
| 4. Do you have any existing medical problems (circle)? Bleeding disorder, Tuberculosis, Diabetes, Leukemia, HIV, AIDS, Cancer, Lymphoma, Lupus, Seizures, Other? _____ Medication prescribed _____ | _____ | _____ |
| 5. Are you taking any medications that may lower the body's resistance to infection? (circle all that apply - steroids, anti-cancer medication, received radiation treatment and/or receiving anti-coagulation therapy?)
Medication _____ | _____ | _____ |
| 6. During the past year, have you received a transfusion of blood, blood products, or immune (gamma) globulin? | _____ | _____ |
| 7. Have you had a Tetanus Booster within the last ten years? | _____ | _____ |
| 8. Have you ever had (circle) chicken pox or the Varicella vaccine? If you receive the Varicella vaccine today, <u>do not</u> take Aspirin for 6 weeks!!! | _____ | _____ |
| 9. Have you received an injection (shot) in your hip or arm within the past 4 weeks? If yes, when _____ What injection? _____ | _____ | _____ |
| 10. Other than a sore arm, did you experience any adverse reactions from previous immunizations, such as (circle) body rash, generalized itching, high fever, joint pain, trouble breathing or fainting? Other? _____
Did you receive medical treatment for the problem? _____ | _____ | _____ |

FOR FEMALES ONLY

11. When was the first day of your last normal menstrual period? Date _____
12. Are you (circle) pregnant or breastfeeding? _____
13. Are you planning to become pregnant within the next three months? _____
- NOTE: The MMR and Varicella are live virus vaccines!!! Women are advised NOT to become pregnant within three (3) months of receiving any vaccine. If you are pregnant or think that you may be pregnant, do not receive any vaccine!!!**

I HAVE READ AND UNDERSTAND THE ABOVE QUESTIONS. _____

Student's Signature

Date

I have reviewed the above questions with the above-named student. Today the student may receive:

Td Tdap MMR HEP B Varicella MCV4 HPV Influenza

Comments: _____

Reviewer's Signature

Date