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 (check) **_PARALYSIS, _BRAIN DISEASE or _GUILLAIN-BARRE SYNDROME?**

4. Do you have any existing medical problems (check)? **_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? (check 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 (check) _chicken pox or _the Varicella vaccine? **If you receive the Varicella vaccine today, *do not* 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 (check) **_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:____

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Reviewer's Signature Date