



NMCS D INFANT, CHILD AND TEEN IMMUNIZATION AND PPD SCREENING QUESTIONNAIRE/CONSENT

The following questions will help us determine which vaccines your child may be given today. If you have a question, please ask.

	Yes	No	Don't Know
1. Is the child sick today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the child have allergies to medications, food (esp. eggs) or any vaccine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the child had a serious reaction to a vaccine in the past, or ever had a positive TB (PPD) skin test?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the child have cancer, leukemia, AIDS, or any other immune system problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the child have a seizure, brain or nerve problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Has the child taken cortisone, prednisone, other steroids or anti-cancer drugs or had radiation (x-ray) treatments in the past 3 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Has the child received a transfusion of blood or blood products or been given a medicine called immune (gamma) globulin in the past year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Is the child pregnant or is there a chance she could become pregnant during the next month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Has the child received any vaccinations in the past 4 weeks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you reviewed the Vaccine Information Sheets for all immunizations that will be given today? (PPD excluded)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signature: _____ Date: _____ Reviewed by: _____ Date: _____			

Name (Last, First)

FMP/Sponsor's SSN #

Vaccines to be given today:

- Hepatitis A Hepatitis B HPV
- Influenza Japanese Encephalitis Virus
- Meningococcal (MCV4) Meningococcal (MPSV4)
- MMR Pediarix Pneumococcal (PCV7)
- Pneumococcal (PPV-23) Polio PPD Rabies
- Rotavirus Td Tdap Typhoid Varicella
- Yellow Fever Other: _____