



## Pre-Event Screening Worksheet for Smallpox Vaccine

You have received a smallpox Vaccine Information Statement ("VIS") called "Smallpox Vaccine: What You Need to Know." The VIS contains important information about smallpox vaccination. The VIS describes people who should not get the smallpox vaccine or should wait to get the vaccine because of their own health or the health of their "close contacts." ("Close contact" means a person who you live with. It also means a person you have close physical contact with, such as a sex partner or someone you share a bed with. Friends or people you work with are not "close contacts.")

Please read the VIS very carefully and then answer the questions in this worksheet. The VIS and the questions in this worksheet will help you decide if you should or should not get the smallpox vaccine. Answer each question the best you can. **Some questions in this worksheet are very personal.** You should **not** put your name on this worksheet. The worksheet is for you to keep. The staff at the smallpox vaccination clinic will not ask for or collect this sheet. If you wish, you may ask clinic staff questions concerning this sheet.

Ask a health care provider for help if you do not understand a question or if you have any concerns. If you need more information, visit [www.cdc.gov/smallpox](http://www.cdc.gov/smallpox). You can also call (888) 246-2675 (English), (888) 246-2857 (español), or (866) 874-2646 (TTY). The calls are free.

- If you answer "NO" to **ALL** the questions on this sheet, then you may go to the vaccination clinic to get the vaccine.
- If you answer "YES" to one or more questions, follow the advice that is given.
- **If you don't know, get answers from your health care provider (or your close contact's health care provider) before going to the vaccination clinic.**

**Please read the following important information about HIV infection before completing this form.**

Up to 300,000 people in the United States may have HIV infection and do not know it. You can have HIV infection and feel fine. If you have HIV infection you can have very bad side effects from the smallpox vaccine. So, before getting the vaccine, it's important to know if you have HIV infection. If you do not know, get an HIV test. Below is a list of things that may place you at higher risk for having HIV infection. **If any of these apply to you, be sure to get tested for HIV before you get the smallpox vaccine.**

### You should get tested for HIV if you

- Use needles to inject anything **NOT** prescribed by your doctor
- Were stuck by a needle by accident
- Had sex with someone who has HIV/AIDS or tested positive for HIV/AIDS
- Had sex with a prostitute or someone who takes money or drugs for sex
- Had sex with someone who has ever used needles to inject anything **NOT** prescribed by a doctor
- **For women:** Had sex with a man who has ever had sex with another man
- **For men:** Had sex with another man

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**A. Please answer these questions about your health and the health of your close contacts**

Health Conditions	Do <b>you</b> have this condition?	Does a <b>close contact</b> have this condition?
Have cancer now, or have been treated for cancer in the past 3 months	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ↓ Do not get vaccinated	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ↓ Do not get vaccinated
Had an organ or bone marrow transplant	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ↓ Do not get vaccinated	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ↓ Do not get vaccinated
Have a disease that affects the immune system like HIV/AIDS, lymphoma, leukemia, or a primary immune deficiency disorder	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ↓ Do not get vaccinated	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ↓ Do not get vaccinated
Have lupus or another severe autoimmune disease that may weaken the immune system	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ↓ WAIT to get the vaccine until AFTER you check with a doctor	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ↓ WAIT to get the vaccine until AFTER you check with your contact's doctor
Have Darier's disease, a skin disease that usually begins in childhood	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ↓ Do not get vaccinated	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ↓ Do not get vaccinated
Have many breaks in the skin (such as those caused by bad burns, impetigo, psoriasis, pityriasis rosea, herpes, very bad acne, poison ivy, poison oak, chickenpox, shingles, or other rashes such as bad diaper rash and rashes caused by prescription medicines)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ↓ WAIT to get the vaccine until AFTER your skin is healed	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ↓ WAIT to get vaccinated until AFTER your contact's skin is healed
Have ever been told by a health care provider you have atopic dermatitis (often called "eczema"), even if the condition is mild, not currently active, or you had it only as a baby or child	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ↓ Do not get vaccinated	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ↓ Do not get vaccinated

Some people may not know for sure if they ever had atopic dermatitis (or eczema). Answer these questions to help you **find out if you or a close contact may have had atopic dermatitis or eczema.**

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1. Do you currently have an **itchy red rash** that comes and goes but usually lasts more than 2 weeks, or did you have such a rash as a baby or child?

YES → You likely have atopic dermatitis (or eczema) and should **NOT** get vaccinated at this time. Please be sure to answer questions 2 and 3.

NO → **SKIP TO question 4**

Don't know → You should discuss any rashes you have with your doctor.

If you can, please write down any information given to you by a doctor regarding this rash:

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2. Did the itchy rash affect the creases of your **elbows** or **knees**?

YES → You likely have eczema or atopic dermatitis and should **NOT** get vaccinated at this time

NO

Don't know

3. Did you have **food allergies** as a baby or child?

NO

Don't know

YES → Do you also have **asthma** or **hay fever**?

YES → You likely have eczema or atopic dermatitis and should **NOT** get vaccinated at this time

NO

4. Does a close contact currently have an **itchy red rash** that comes and goes but usually lasts more than two weeks, or did a close contact have this condition as a baby or child?

NO → **SKIP TO Section B**

YES or  Don't know → More information is needed about your close contact before you get the smallpox vaccine. **Please answer questions 5-7.** If you do not know the answers to the questions below, please ask the right person to help you answer them. A parent should answer these questions if they apply to a child.

5. Ask your close contact if he or she has an **itchy red rash** that comes and goes but usually lasts more than 2 weeks, or if this person had such a rash as a baby or child?

YES → Your close contact may have eczema or atopic dermatitis. Please gather information so that questions 6 and 7 can be answered. Check with the contact's doctor about the rash.

NO

If you can, please write down any information given by a doctor regarding this rash:

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6. Did the itchy rash affect the creases of the **elbows** or **knees**?

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- YES → Your close contact likely has eczema or atopic dermatitis and you should **NOT** get vaccinated at this time
- NO
- Don't know

7. Did the person with the rash have **food allergies** as a baby or child?

- NO
- Don't know
- YES → Does the person with rash and food allergies also have **asthma** or **hay fever**?
  - YES → Your close contact likely has eczema or atopic dermatitis and you should **NOT** get vaccinated at this time
  - NO
  - Don't know

**B. Please answer these questions about treatments or medicines you or your close contact take**

(Talk to a health care provider if you are not sure about answers to these questions)

Treatments or medicines	Are <b>you</b> getting this treatment or taking this medicine?	Is a <b>close contact</b> getting this treatment or taking this medicine?
Took steroids such as prednisone or related medicine either by mouth or intravenously for 2 weeks or longer in the past month	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ↓ Do not get vaccinated Name and dose of medication:	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ↓ Do not get vaccinated Name and dose of medication:
Took medicines in the last 3 months that affect the immune system (such as methotrexate, cyclophosphamide, cyclosporine). If you don't know whether or not your medicine affects your immune system, ask your doctor.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ↓ Do not get vaccinated Name and dose of medication:	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ↓ Do not get vaccinated Name and dose of medication:
Had radiation therapy in the last 3 months	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ↓ Do not get vaccinated	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ↓ Do not get vaccinated

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<b>Treatments or medicines</b>	Are <b>you</b> getting this treatment or taking this medicine?	Is a <b>close contact</b> getting this treatment or taking this medicine?
Had chemotherapy for cancer in the last 3 months	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ↓ Do not get vaccinated	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ↓ Do not get vaccinated

**C. Please answer these questions about pregnancy. The questions do not apply to women who are post-menopausal (have had no menstrual periods for over a year) or have had a hysterectomy or female sterilization.**

<b>Pregnancy status and pregnancy risk factors</b>	<b>Does this apply to you? (Women only)</b>	<b>Does this apply to a close contact?</b>
Are pregnant or think you might be pregnant.  Sexually active women are encouraged to take a pregnancy test before getting the vaccine. The test should be done the day vaccination is scheduled. But be aware that even the best tests may not detect early pregnancies (those less than 2 weeks).	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ↓ Do not get vaccinated	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ↓ Do not get vaccinated
Last menstrual period was not on time and/or was not normal	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ↓ Do not get vaccinated until you check with your doctor to make sure you are not pregnant	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ↓ Do not get vaccinated until your close contact checks with her doctor to make sure she is not pregnant.
Had sexual intercourse in the past month and did <b>not</b> always use one or more types of effective birth control, including sterilization (such as vasectomy or tubes tied), birth control pills, implants, patches, injections, IUDs, condoms, and diaphragm with spermicide, cervical cap with spermicide, and contraceptive sponge with spermicide	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ↓ Do not get vaccinated at this time	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ↓ Do not get vaccinated at this time
Might have sexual intercourse during the	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

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Pregnancy status and pregnancy risk factors	Does this apply to you? (Women only)	Does this apply to a close contact?
month after vaccination and might not always use an effective form of birth control	↓  Do not get vaccinated	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ↓  Do not get vaccinated
Think menstrual period might be late now	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ↓ Do not get vaccinated until you check with your doctor to make sure you are not pregnant	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ↓ Do not get vaccinated until your contact checks with her doctor to make sure she is not pregnant

**D. Please answer these questions about your own health (these questions do not apply to close contacts)**

Health Conditions	Does this apply to you?
Have a heart condition, including any <u>one</u> of the following: <ul style="list-style-type: none"> <li>• a previous heart attack (also called myocardial infarction), angina (chest pain caused by lack of blood flow to the heart), or other coronary artery disease (disease in the vessels that bring blood to the heart)</li> <li>• cardiomyopathy (heart muscle becomes enlarged and doesn't work as it should)</li> <li>• congestive heart failure</li> <li>• stroke or transient ischemic attack (a "mini-stroke" that produces stroke-like symptoms but no lasting damage)</li> <li>• chest pain or shortness of breath with activity (such as walking up stairs)</li> <li>• any other heart condition under the care of a doctor</li> </ul>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ↓ Do not get vaccinated (even if you feel well)
Have <b>3 or more</b> of the following: <ul style="list-style-type: none"> <li>• Have been told by a doctor that you have high blood pressure</li> </ul>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ↓

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Health Conditions	Does this apply to you?
<ul style="list-style-type: none"> <li>• Have been told by a doctor that you have high blood cholesterol</li> <li>• Have been told by a doctor that you have diabetes or high blood sugar</li> <li>• Have a first degree relative (for example mother, father, sister or brother) who had a heart condition before the age of 50</li> <li>• Smoke cigarettes now</li> </ul>	Do not get vaccinated
Using steroid drops in your eyes now	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ↓ Do not get vaccinated
Have a moderate or serious illness	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ↓ WAIT to get the vaccine until AFTER you are no longer sick
<i>Women only:</i> Are breastfeeding or pumping and then bottle-feeding breast milk	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ↓ WAIT to get the vaccine until AFTER you stop breastfeeding
Have had a serious allergic reaction to polymyxin B, streptomycin, chlortetracycline, neomycin or latex	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ↓ Do not get vaccinated
Had a very bad reaction to smallpox vaccine in the past	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ↓ Do not get vaccinated

For more information, visit [www.cdc.gov/smallpox](http://www.cdc.gov/smallpox), or call the CDC public response hotline at (888) 246-2675 (English), (888) 246-2857 (español), or (866) 874-2646 (TTY)