

Adult Immunization Screening Tool For Inactivated Influenza, Pneumococcal and Tetanus/Diphtheria (Td) Vaccines

		If yes, talk to your provider before getting...
1. Are you moderately or severely ill today?	No Yes	<ul style="list-style-type: none"> ▪ Flu vaccine ▪ Pneumococcal vaccine ▪ Td vaccine
2. Have you ever had an anaphylactic reaction to a previous dose of:		
▪ Influenza (flu) vaccine?	No Yes	▪ Flu vaccine
▪ Pneumococcal vaccine?	No Yes	▪ Pneumococcal vaccine
▪ Tetanus/diphtheria (Td) vaccine?	No Yes	▪ Td vaccine
3. Have you ever had an anaphylactic reaction to:		
▪ Thimerosal (a preservative found in some vaccines and some contact lens solutions)?	No Yes	<ul style="list-style-type: none"> ▪ Some flu vaccines (check package insert) ▪ Td vaccine
▪ Eggs or egg products?	No Yes	▪ Flu vaccine
▪ Latex?	No Yes	<ul style="list-style-type: none"> ▪ Some flu vaccines ▪ Td vaccine
4. Have you ever had Guillain-Barré syndrome (an illness with sudden muscle weakness and some loss of senses in the fingers and toes)?	No Yes	<ul style="list-style-type: none"> ▪ Flu vaccine ▪ Td vaccine
5. Have you ever had an Arthus-type hypersensitivity reaction or a temperature >103 ⁰ F (39.4 ⁰ C) following a dose of Td? (An Arthus-type reaction is characterized by redness, swelling, bleeding, and tissue death at the injection site.)	No Yes	▪ Td vaccine

This screening tool is **not** meant to be used for screening for contraindications to *FluMist*TM, the nasally-administered live attenuated influenza virus vaccine. Check package insert for contraindications to *FluMist*TM.