Screening Questionnaire for Child/Teen Immunization

Wyoming Department of Health

Client Name _____ DOB ___/___/____

Mailing Address _____
City State Zip

Phone Number _____ Male ☐ Female ☐

Are you a Wyoming Resident? Yes ☐ No ☐

Medicaid ☐ Uninsured ☐ Underinsured ☐ Insured ☐ American Indian/ Alaska Native ☐

Does insurance cover the cost of vaccine? Yes ☐ No ☐

	Yes	No	Unsure
1. Is the child sick today?	☐	☐	☐
2. Does the child have allergies to medications, food, a vaccine component, or latex? If yes, please list:_____	☐	☐	☐
3. Has the child had a serious reaction to a vaccine in the past?	☐	☐	☐
4. Does the child have a long-term health problem with lung, heart, kidney or metabolic disease (e.g., diabetes), asthma, a blood disorder, no spleen, complement component deficiency, a cochlear implant, or a spinal fluid leak? Is he/she on long-term aspirin therapy?	☐	☐	☐
5. If your child is a baby, have you ever been told he or she has had intussusception?	☐	☐	☐
6. Has the child, a sibling, or a parent had a seizure; has the child had brain or nervous system problems?	☐	☐	☐
7. Does the child have cancer, leukemia, HIV/AIDS, or any other immune system problem?	☐	☐	☐
8. Does the child have a parent, brother, or sister with an immune system problem?	☐	☐	☐
9. In the past 3 months, has the child taken medications that affect the immune system such as prednisone, other steroids, or anticancer drugs; drugs for the treatment of rheumatoid arthritis, Crohn's disease, or psoriasis; or had radiation treatments?	☐	☐	☐
10. In the past year, has the child received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug?	☐	☐	☐
11. Is the child/teen pregnant or is there a chance she could become pregnant during the next month?	☐	☐	☐
12. Has the child received vaccinations in the past 4 weeks?	☐	☐	☐
If your child is receiving flu vaccine, please answer question 13 also:			
13. If the child to be vaccinated is between the ages of 2 and 4 years, has a healthcare provider told you that the child had wheezing or asthma in the past 12 months?	☐	☐	☐