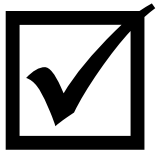


Your name: _____ Date of birth: ____/____/____ Today's date: ____/____/____
(mo.) (day) (yr.) (mo.) (day) (yr.)



Do I need any vaccinations today?

Many adults are behind on their vaccinations. These checklists will help you and your healthcare provider determine if you need any vaccinations. Please check the boxes that apply to you.

Influenza vaccination

- I'd like to be vaccinated to avoid getting influenza or spreading it to others this season.
- I am age 50 years or older.
- I am younger than age 50 years, and one or more of the following conditions or situations applies to me:
 - ___ lung, heart, or kidney disease
 - ___ blood disease or liver disease
 - ___ diabetes
 - ___ HIV/AIDS
 - ___ a disease that affects my immune system
 - ___ a health condition that may cause me to choke when I swallow (e.g., a nerve or muscle disorder)
 - ___ I live in a nursing home or chronic care facility.
 - ___ I will be pregnant during the influenza season.
 - ___ I provide essential community services.
 - ___ I am a healthcare worker.
 - ___ I am a household contact or caregiver of a person who (1) has one of the illnesses listed at the left, (2) is age 50 years or older, or (3) is age 0–59 months.

Pneumococcal vaccination

- I am age 65 years or older, and I have never had a dose of pneumococcal vaccine.
- I am age 65 years or older and had one dose of pneumococcal vaccine when I was younger than age 65 years; it has been at least 5 years since that dose.
- I have one of the following health problems and I (have) (have not) had a previous dose of pneumococcal vaccine:
 - ___ lung disease (not asthma)
 - ___ heart disease
 - ___ diabetes
 - ___ alcoholism
 - ___ cochlear implant
 - ___ kidney disease
 - ___ liver disease
 - ___ HIV/AIDS
 - ___ Hodgkin's disease
 - ___ leukemia
 - ___ multiple myeloma
 - ___ lymphoma
 - ___ organ or bone marrow transplant
 - ___ generalized malignancy
 - ___ cerebrospinal fluid leak
 - ___ sickle cell disease
 - ___ had my spleen removed
 - ___ on medication or receiving x-ray treatment that affects my immune system

Tetanus-, diphtheria-, and pertussis-containing vaccination (e.g., DTP, DTaP, Tdap, or Td)

- I am younger than age 65 years and have not had a pertussis-containing vaccine as an adult.
- I have or will have close contact with a child younger than age 12 months and have not had a pertussis-containing vaccine as an adolescent or adult.
- I have not yet had at least 3 tetanus- and diphtheria-containing shots.
- I have had at least 3 tetanus- and diphtheria-containing shots in my lifetime, but I believe it's been 10 years or more since I received my last shot.
- I have no idea if I ever received any tetanus- and diphtheria-containing shots in school, the military, or elsewhere. *(continued on page 2)*

Hepatitis A vaccination

- I wish to receive hepatitis A vaccine to be protected against hepatitis A.
- I am in one of the following risk groups, and I haven't completed the 2-dose vaccination series against hepatitis A:
 - I travel in countries other than the U.S., Western Europe, Canada, Japan, Australia, and New Zealand.¹
 - I use street drugs.
 - I am a man who has sex with men.
 - I have chronic liver disease.
 - I have a clotting factor disorder.

Hepatitis B vaccination

- I wish to receive hepatitis B vaccine to be protected against hepatitis B.
- I am in one of the following risk groups, and I haven't completed the 3-dose vaccination series against hepatitis B:
 - I live with a person who has long-term hepatitis B virus infection.
 - I have chronic liver disease.
 - I am or will be on kidney dialysis.
 - I am sexually active and am not in a long-term, mutually monogamous relationship.
 - I am an immigrant, or my parents are immigrants from an area of the world where hepatitis B is common.^{2,3}
 - I am a man who has sex with men.
 - I inject street drugs.
 - I am a healthcare or public safety worker who is exposed to blood or body fluids.
 - I am a sex partner of a person with hepatitis B.
 - I provide direct services for people with developmental disabilities.
 - I've been diagnosed with HIV or a sexually transmitted disease.
 - I travel outside the U.S.^{1,2}

Measles-Mumps-Rubella (MMR) vaccination

- I was born in 1957 or later and never received a dose of MMR.
- I am a woman thinking about a future pregnancy and do not know if I'm immune to rubella.
- I am included in one of the following groups for whom 2 doses of MMR are recommended, but I have received only 1 dose of MMR.
 - ___ I am a healthcare worker.
 - ___ I am entering college or a post-high school educational institution.
 - ___ I travel internationally.
 - ___ I had a blood test that shows I do not have immunity to measles, mumps, or rubella.

Chickenpox (varicella) vaccination

- I was born in 1980 or later and have never had chickenpox disease or varicella vaccination, or I just don't know .
- I was born before 1980 and am either a healthcare worker or foreign born, and am not sure if I've had chickenpox or not.
- I may become pregnant and do not know if I'm immune to chickenpox.

Meningococcal vaccination

- I am (or will be) a college freshman living in a dorm.
- I am traveling to an area of the world where meningococcal disease is common.¹
- I have sickle cell disease, or my spleen isn't working or has been removed.

Human papillomavirus vaccination

- I am a woman age 26 years or younger and haven't completed a 3-dose vaccination series against human papillomavirus.

Shingles (zoster) vaccination

- I am an adult age 60 years or older and haven't been vaccinated against shingles.

Note: Adults may need additional vaccines, such as Hib, polio, or others. Talk to your healthcare provider.

1. Call your local travel clinic to find out if additional vaccines are recommended.
 2. Areas with high rates of hepatitis B include Africa, China, Korea, Southeast Asia including Indonesia and the Philippines, South and Western Pacific Islands, interior Amazon Basin, certain parts of the Caribbean (i.e., Haiti and the Dominican Republic), and the Middle East except Israel. Areas with moderate rates include South Central and Southwest Asia, Israel, Japan, Eastern and Southern Europe, Russia, and most of Central and South America.
 3. Most adults from moderate- or high-risk areas of the world do not know their hepatitis B status. All patients from these areas need hepatitis B blood testing to determine if they have been previously infected. The first dose of hepatitis B vaccine can be given during the same visit as blood testing but after the blood tests.