Precautions and Contraindications: Please mark YES or NO for each question.

YES  NO

Do you have any allergies to medications, food (e.g., eggs), latex, or a vaccine component (e.g., gelatin, neomycin, polyethylene, yeast, thimerosal, etc.)? If yes, please list:

Have you ever had a serious reaction (including fainting) after receiving a vaccination?

Has any physician or other healthcare professional ever cautioned or warned you about receiving certain vaccines or receiving vaccines outside of a physician’s office or hospital?

Do you have a long-term health problem such as heart disease, lung disease, liver disease, asthma, kidney disease, metabolic disease (e.g., diabetes), or anemia or other blood disorder?

Do you have cancer, leukemia, HIV/AIDS, or any other immune system problem? Have you been diagnosed with rheumatoid arthritis, ankylosing spondylitis, or Crohn’s disease?

In the past 3 months have you taken medications that weaken your immune system, such as cortisone, prednisone, or other steroid, anticancer drugs, or have you had radiation treatments?

Have you had a seizure, or a brain, or other nervous system problem or Guillain-Barre?

During the past year, have you received a transfusion of blood or blood products, or been given a medicine called immune globulin or an antiviral drug?

For women: Are you pregnant or is there a chance you could become pregnant during the next month?

Have you received any vaccinations in the past 4 weeks?

For Tdap and adult Td (ONLY)—Do you have an open wound, puncture, or tissue tear that prompted you to get a tetanus shot?

If you answered YES to any question, you must talk with your pharmacist before being vaccinated.