

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. Do you know if you are completely up to date? These checklists will help you determine if you need any vaccinations today. Please check the boxes that pertain to you.

Influenza vaccination

- I am 50 years of age or older, so I should get a flu shot.
- I am less than 50 years old, and I have one or more of the following, so I should get a flu shot:
 - ___ lung disease
 - ___ heart disease
 - ___ kidney disease
 - ___ diabetes mellitus
 - ___ HIV/AIDS
 - ___ a disease that affects the immune system
 - ___ I live in a nursing home or chronic care facility.
 - ___ I live with someone who is in one of the above risk groups.
 - ___ I will be in my 2nd or 3rd trimester of pregnancy during influenza season (December–March).
 - ___ I am a health care worker.
 - ___ I provide essential community services.
- I am not in one of the groups listed above, but I'd like a flu shot to avoid getting influenza this season.

Pneumococcal vaccination

- I am 65 years of age or older, and I have never had a dose of pneumococcal vaccine, so I need this vaccination.
 - I am 65 years of age or older, had a previous dose when I was under 65, and it has been at least 5 years since that dose, so I need a second dose now.
 - I am less than 65 years old, and I have one of the following health problems, and I have never had a dose of pneumococcal vaccine, so I need this vaccination.
 - ___ lung disease (not asthma)
 - ___ heart disease
 - ___ HIV/AIDS
 - ___ Hodgkin's disease
 - ___ diabetes mellitus
 - ___ kidney disease
 - ___ organ or bone marrow transplant
 - ___ liver disease
 - ___ cerebrospinal fluid leak
 - ___ alcoholism
 - I am less than 65 years old, and I have one of the following health problems listed below that puts me at high risk for pneumococcal disease and:
 - I have never had a dose of pneumococcal vaccine, so I need two doses spaced 5 years apart.
 - It has been at least 5 years since my first dose of pneumococcal vaccine, so I need a second dose now.
 - ___ sickle cell disease
 - ___ leukemia
 - ___ lymphoma
 - ___ had my spleen removed
 - ___ on medication or receiving x-ray treatment that affects my immune system
 - ___ multiple myeloma
 - ___ HIV/AIDS
 - ___ organ or bone marrow transplant
 - ___ generalized malignancy
- Approximate date that I last had pneumococcal vaccine: _____

Tetanus-diphtheria (Td) vaccination

- I have not yet had at least 3 Td shots in my lifetime (usually given as DTP in childhood), so I need to be vaccinated now with one or more doses to bring me up to date, and then I will need one dose every 10 years.
- I have had at least 3 Td shots (or DTPs) in my lifetime, but I think it's been 10 years or more since I received my last Td, so I need one dose now, and subsequently I will need one dose every 10 years.

Approximate date(s) that I had my last Td(s): _____
- I have no idea if I ever received Td vaccination in school, the military, or elsewhere, so I probably need to be vaccinated and will talk with my doctor about how many doses I should receive.

Item #P4036 (3/02)

Hepatitis A vaccination

- I am in one of the following risk groups, **but I do not wish to disclose which one**, so I need to be vaccinated.
- I am in one of the following risk groups, so I need to be vaccinated:
 - I travel outside of the U.S., Western Europe, Canada, Japan, Australia, and New Zealand.*
 - I live in a community where cases of hepatitis A are occurring and I am 18 or younger.
 - I am a man who has sex with men.
 - I use street drugs.
 - I have chronic liver disease.
 - I have a clotting factor disorder.

Hepatitis B vaccination

- I am in one of the following risk groups, **but I do not wish to disclose which one**, so I need to be vaccinated.
- I am in one of the following risk groups, so I need to be vaccinated:
 - I live with a person who has hepatitis B.
 - I have a bleeding disorder that requires transfusion.
 - I am or will be on kidney dialysis.
 - I am an immigrant from an area of the world with moderate or high rates of hepatitis B.†
 - I inject street drugs.
 - I am a sex partner of a person with hepatitis B.
 - I've been treated for a sexually transmitted disease.
 - I have or had more than one sex partner during a 6-month time period.
 - I am a man who has sex with men.
 - I am a health care or public safety worker who is exposed to blood.
 - I provide direct services for people with developmental disabilities.
 - I travel outside of the U.S.*† and plan to stay for 6 months or longer.

Measles-Mumps-Rubella (MMR) vaccination

- I was born after 1956 and never received a dose of MMR, so I need to be vaccinated.
- I am a woman thinking about a future pregnancy and do not know if I'm immune to rubella, so I need to be tested or vaccinated.
- I am included in one of the following groups for whom two doses of MMR are recommended, but I have only received one dose of MMR, so I need a second dose.
 - I am a health care worker.
 - I am entering college or a post-high-school educational institution.
 - I travel internationally.
 - I had a rubella titer that shows I do not have immunity.

Chickenpox (Varicella) vaccination

- I have never had chickenpox, so I need to be tested or vaccinated.
- I'm not sure if I've had chickenpox or not, so I need to be tested or vaccinated.
- I may become pregnant and do not know if I'm immune to chickenpox, so I need to be tested or vaccinated.

Meningococcal vaccination

- I am (or I'll be) a college freshman living in a dorm, so tell me more about the meningococcal vaccine.
- I am traveling to an area of the world where meningococcal disease is common, so I need to be vaccinated.*
- I have sickle cell disease, or a spleen that isn't working or has been removed, so I need to be vaccinated.

Haemophilus influenzae type b (Hib) vaccination

- I have one of the following health conditions: HIV infection, bone marrow transplant, sickle cell disease or a spleen that isn't working or has been removed, so I need to be vaccinated.

*Call your local travel clinic to find out if additional vaccines are recommended.

†Adults from these areas should be tested for hepatitis B infection prior to vaccination. Areas with high rates of hepatitis B include: Africa; China; Korea; Southeast Asia including Indonesia and the Philippines; the Middle East except Israel; South and Western Pacific Islands; interior Amazon Basin; and certain parts of the Caribbean, i.e., Haiti and the Dominican Republic. Areas of moderate endemicity include South Central and Southwest Asia, Israel, Japan, Eastern and Southern Europe, Russia, and most of Central and South America.