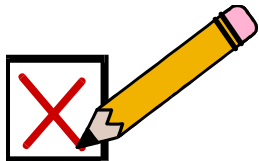


Your name: _____ Date of birth: ____/____/____ Today's date: ____/____/____



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 or pregnancy during influenza season (December-March)
 - ____ I am a health care worker
 - ____ I provide essential community service
- 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
 - ____ diabetes mellitus
 - ____ kidney disease
 - ____ 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
 - ____ had my spleen removed
 - ____ HIV/AIDS
 - ____ Hodgkin's Disease
 - ____ leukemia
 - ____ on medication or receiving X-ray
 - ____ treatment that affects my immune system
 - ____ organ or bone marrow transplant
 - ____ lymphoma
 - ____ multiple myeloma
 - ____ 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 had 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 to my doctor about how many doses I should receive.

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.

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:
- | | |
|---|--|
| <input type="checkbox"/> I travel outside of the U.S., Western Europe, Canada, Japan, Australia, and New Zealand* | <input type="checkbox"/> I am a man who has sex with men |
| <input type="checkbox"/> I live in a community where cases of hepatitis A are occurring and I am 18 or younger | <input type="checkbox"/> I use street drugs |
| | <input type="checkbox"/> I have chronic liver disease |
| | <input type="checkbox"/> 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:
- | | |
|--|---|
| <input type="checkbox"/> I live with a person who has hepatitis B | <input type="checkbox"/> I have or had more than one sex partner during a 6-month period |
| <input type="checkbox"/> I have a bleeding disorder that requires transfusion | <input type="checkbox"/> I am a man who has sex with men |
| <input type="checkbox"/> I am or will be on kidney dialysis | <input type="checkbox"/> I am a health care or public safety worker who is exposed to blood |
| <input type="checkbox"/> I am an immigrant from an area of the world with moderate or high rates of hepatitis B [†] | <input type="checkbox"/> I provide direct services for people with mental disabilities |
| <input type="checkbox"/> I inject street drugs | <input type="checkbox"/> I travel outside of the U.S.** and plan to stay for 6 months or longer |
| <input type="checkbox"/> I am a sex partner of a person with hepatitis B | |
| <input type="checkbox"/> I've been treated for sexually transmitted disease | |

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:
- | | |
|--|--|
| <input type="checkbox"/> I am a health care worker | <input type="checkbox"/> I am entering college or a post-high school educational institution |
| <input type="checkbox"/> I travel internationally | <input type="checkbox"/> I had a rubella titer that shows I do not have immunity |

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, so I need to be vaccinated:
- | | |
|--|--|
| <input type="checkbox"/> HIV infection | <input type="checkbox"/> Bone marrow transplant |
| <input type="checkbox"/> Sickle cell disease | <input type="checkbox"/> Spleen that isn't working or has been removed |

*Call your local travel agency 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.