Orchard Pediatrics, P.C.

SCREENING QUESTIONNAIRE FOR TODAY'S IMMUNIZATIONS

PATIENT NAME _____**DATE OF BIRTH**_____**AGE**_____

SIGNATURE_____**RELATIONSHIP TO CHILD**_____**DATE**_____

For parents and guardians: This form helps us decide which vaccines should be given in our office today. If the question is not clear, please ask the nurse or doctor for an explanation.

	Yes	No	Unknown
1. Is the patient sick today with anything more than a cold?	O	O	O
2. Does the patient have allergies to medications, yeast, eggs, latex or any previous vaccines?	O	O	O
3. Has the patient had a serious reaction to a vaccine in the past?	O	O	O
4. Has the patient had a seizure or a changing neurological disorder?	O	O	O
5. Does the patient have cancer, an immune system disorder, or does the patient take medications that suppress the immune system such as steroids (by mouth or injection) or anti-cancer drugs?	O	O	O
6. Does someone with whom the patient lives (or has close contact) have cancer, an immune system disorder, or take medications that suppress the immune system such as steroids (by mouth or injection) or anti-cancer drugs?	O	O	O
7. Has the patient received blood, plasma, or gammaglobulin the past six months?	O	O	O
8. Is the patient pregnant or at risk of becoming pregnant within the next three months?	O	O	O

Vaccines have a very short shelf life once prepared, and have to be discarded if not used. I realize that in signing this consent, the vaccines will be prepared especially for my child. If after the nurse prepares the vaccines, I elect NOT to have my child receive them, I agree to be financially responsible for the vaccine charges.

I have read, or have had explained to me, the information about the vaccine(s) listed below (VIS). I have had a chance to ask questions that were answered to my satisfaction. I understand the benefits and risks of the vaccine(s). My signature will authorize you to submit all vaccine dates to the Michigan Childhood Immunization Registry (MCIR).

ACCT#_____

FOR OFFICE USE	SITE	MANUF.	LOT#	NURSE	VIS DATE
DTaP					
IPV					
HIB					
HEP B					
MMR					
PREVNAR					
VARICELLA					
HEP A					
Tdap					
ROTATEQ					
MENACTRA					
GARDASIL					

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