

Teller County Public Health
Screening Questionnaire for Child and Teen Immunization (18 and under)

Child's Name: _____ Date of Birth: _____ Sex: M F Age: _____
Mother's Name: _____

Please bring your child's immunization record with you every time you receive immunizations or see any doctor. Your child will need this card to enter child care or school.

Your child's shot information will be put into a central computer information system under the Colorado Immunization Act. You can choose to exclude your child's shot information from the computer information system. Please ask the nurse for further information.

Please complete the following questions. If any question is not clear, please ask the nurse for an explanation.

Yes No Unknown

1. Is child sick today?
2. List any medications child is currently taking: _____

3. Does child have allergies to medications, eggs or any vaccines?
If yes, please list: _____
4. Has child had a serious reaction to a vaccine in the past?
5. Has child had a seizure or a neurological problem?
6. Does child or anyone who lives with or takes care of the child have cancer, leukemia, AIDS, or any other immune system problem?
7. Does child or anyone who lives with or takes care of the child take cortisone, prednisone, other steroids, anti-cancer drugs, or x-ray treatment?
8. Has child received a transfusion of blood, plasmas, or a medicine called immune globulin in the past year?
9. Has child received an immunization in the past four weeks?
10. Is child pregnant or planning to become pregnant within the next three months?

I hereby certify that all of the information given is correct:

Signature of Parent/Guardian _____
Date

Nurses Notes: Date _____ Notes: RN Reviewed signs and symptoms of vaccine reaction, palliative and emergency care. VIS given. Imms given: _____

Height _____ Weight _____ BMI _____ FOC _____ Blood Pressure _____