



PATIENT PROFILE

PATEINT INFORMATION

DATE:

NAME:

ADDRESS:

CITY :

ZIP :

PHONE / HOME :

PHONE / MOBILE:

PHONE WORK:

GENDER:

MALE

FEMALE

OTHER

DATE OF BIRTH:

HOW DID YOU HEAR ABOUT US?



CALIFORNIA IMMUNIZATION REGISTRY – REGION IV

DISCLOSURE STATEMENT: ATTENTION PATIENTS OR PARENTS

We are authorized members of California Immunization Registry – Region IV. The Immunization Registry permits the sharing of a computer record of you or your child's immunizations and Tuberculosis (TB) screening tests no matter where they are given. At any time you and your doctor can see what immunizations/TB tests you or your child has received and which immunizations are needed now. It will help you and your doctor protect you or your child from serious illness like polio, whooping cough, measles and meningitis.

The information in the Immunization Registry is confidential. Your information will **ONLY** be shared with (a) Health care providers (i.e. doctors, clinics or hospitals), to help in deciding what vaccines you or your child needs; to phone or send you a reminder when a vaccine is due; and tally numbers of patients who are or are not up-to-date on their vaccines, (b) Schools or child care centers, to help you prove you or your child has had the vaccines required for entry, (c) WIC clinics, to let you know if your child has a vaccine dose due, (d) Health Care Plans, to help process insurance payments, (e) the San Joaquin County Health Information Exchange (SJC HIE), and (f) the California State Department of Public Health Immunization Branch.

This is the information the Immunization Registry will keep about your or your child:

- Name and date of birth
- Names of parents or guardians
- Sex (male or female)
- Current address and phone (only healthcare providers can view this information)
- Types of vaccines/TB tests and dates given
- Any serious reactions to immunizations/TB tests
- Limited additional information that may help identify you or your child accurately

Patient and Parent Rights

It's your legal right to ask:

- not to share your (or your child's) registry immunizations/TB test records with others besides your doctor*
- not to get appointment reminders from the Registry
- to look at a copy of your or your child's immunization/TB test registry records
- who has seen the registry records or to have the doctor change any mistakes

If you DO want your or your child's records in the registry, do nothing. You're all done.

If you DO NOT want your doctor's office to share your immunization/TB test information with other registry users, request a "Refusal Form" from your doctor's office.

For more information about your rights, please contact your healthcare provider.

For more information about the Immunization Registry, please call (209) 468-2292.

**By law, public health officials can also look at the registry, in the case of a public health emergency.*

Screening Checklist for Contraindications to Vaccines for Children and Teens

PATIENT NAME _____

DATE OF BIRTH _____ / _____ / _____
month day year

For parents/guardians: The following questions will help us determine which vaccines your child may be given today. If you answer “yes” to any question, it does not necessarily mean your child should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

| | yes | no | don't know |
|---|--------------------------|--------------------------|--------------------------|
| 1. Is the child sick today? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the child have allergies to medications, food, a vaccine component, or latex? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has the child had a serious reaction to a vaccine in the past? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does the child have a long-term health problem with lung, heart, kidney or metabolic disease (e.g., diabetes), asthma, a blood disorder, no spleen, complement component deficiency, a cochlear implant, or a spinal fluid leak? Is he/she on long-term aspirin therapy? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If the child to be vaccinated is 2 through 4 years of age, has a healthcare provider told you that the child had wheezing or asthma in the past 12 months? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. If your child is a baby, have you ever been told he or she has had intussusception? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Has the child, a sibling, or a parent had a seizure; has the child had brain or other nervous system problems? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does the child have cancer, leukemia, HIV/AIDS, or any other immune system problem? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Does the child have a parent, brother, or sister with an immune system problem? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. In the past 3 months, has the child taken medications that affect the immune system such as prednisone, other steroids, or anticancer drugs; drugs for the treatment of rheumatoid arthritis, Crohn's disease, or psoriasis; or had radiation treatments? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. In the past year, has the child received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Is the child/teen pregnant or is there a chance she could become pregnant during the next month? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Has the child received vaccinations in the past 4 weeks? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

FORM COMPLETED BY _____ DATE _____

FORM REVIEWED BY _____ DATE _____

Did you bring your immunization record card with you? yes no

It is important to have a personal record of your child's vaccinations. If you don't have one, ask the child's healthcare provider to give you one with all your child's vaccinations on it. Keep it in a safe place and bring it with you every time you seek medical care for your child. Your child will need this document to enter day care or school, for employment, or for international travel.

Information for Healthcare Professionals about the Screening Checklist for Contraindications to Vaccines (Children and Teens)

Are you interested in knowing why we included a certain question on the screening checklist? If so, read the information below. If you want to find out even more, consult the references in **Notes** below.

NOTE: For supporting documentation on the answers given below, go to the specific ACIP vaccine recommendation found at the following website: www.cdc.gov/vaccines/hcp/acip-recs/index.html

1. Is the child sick today? [all vaccines]

There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events. However, as a precaution with moderate or severe acute illness, all vaccines should be delayed until the illness has improved. Mild illnesses (such as otitis media, upper respiratory infections, and diarrhea) are NOT contraindications to vaccination. Do not withhold vaccination if a person is taking antibiotics.

2. Does the child have allergies to medications, food, a vaccine component, or latex? [all vaccines]

An anaphylactic reaction to latex is a contraindication to vaccines that contain latex as a component or as part of the packaging (e.g., vial stoppers, prefilled syringe plungers, prefilled syringe caps). If a person has anaphylaxis after eating gelatin, do not administer vaccines containing gelatin. A local reaction to a prior vaccine dose or vaccine component, including latex, is not a contraindication to a subsequent dose or vaccine containing that component. For information on vaccines supplied in vials or syringes containing latex, see www.cdc.gov/vaccines-pubs/pinkbook/downloads/appendices/B/latex-table.pdf; for an extensive list of vaccine components, see www.cdc.gov/vaccines-pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf. People with egg allergy of any severity can receive any recommended influenza vaccine (i.e., any IIV, RIV, or LAIV) that is otherwise appropriate for the patient's age and health status. With the exception of cIIIV and RIV (which do not contain egg antigen), people with a history of severe allergic reaction to egg involving any symptom other than hives (e.g., angioedema, respiratory distress), or who required epinephrine or another emergency medical intervention, the vaccine should be administered in a medical setting, such as a clinic, health department, or physician office; vaccine administration should be supervised by a healthcare provider who is able to recognize and manage severe allergic conditions.

3. Has the child had a serious reaction to a vaccine in the past? [all vaccines]

History of anaphylactic reaction (see question 2) to a previous dose of vaccine or vaccine component is a contraindication for subsequent doses. History of encephalopathy within 7 days following DTP/DaP is a contraindication for further doses of pertussis-containing vaccine. There are other adverse events that might have occurred following vaccination that constitute contraindications or precautions to future doses. Under normal circumstances, vaccines are deferred when a precaution is present. However, situations may arise when the benefit outweighs the risk (e.g., during a community pertussis outbreak).

4. Does the child have a long-term health problem with lung, heart, kidney, or metabolic disease (e.g., diabetes), asthma, a blood disorder, no spleen, complement component deficiency, a cochlear implant, or a spinal fluid leak? Is he/she on long-term aspirin therapy? [MMR, MMRV, LAIV, VAR]

A history of thrombocytopenia or thrombocytopenic purpura is a precaution to MMR and MMRV vaccines. The safety of LAIV in children and teens with lung, heart, kidney, or metabolic disease (e.g., diabetes), or a blood disorder has not been established. These conditions, including asthma in children ages 5 years and older, should be considered precautions for the use of LAIV. Children with functional or anatomic asplenia, complement deficiency, cochlear implant, or CSF leak should not receive LAIV. Children on long-term aspirin therapy should not be given LAIV; instead, they should be given IIV. Children with CSF leak, anatomic or functional asplenia, or cochlear implant, or on long-term aspirin therapy should not be given LAIV; instead, they should be given IIV. Aspirin use is a precaution to VAR.

5. If the child to be vaccinated is 2 through 4 years of age, has a healthcare provider told you that the child had wheezing or asthma in the past 12 months? [LAIV]

Children ages 2 through 4 years who have had a wheezing episode within the past 12 months should not be given LAIV. Instead, these children should be given IIV.

6. If your child is a baby, have you ever been told that he or she has had intussusception? [Rotavirus]

Infants who have a history of intussusception (i.e., the telescoping of one portion of the intestine into another) should not be given rotavirus vaccine.

7. Has the child, a sibling, or a parent had a seizure; has the child had brain or other nervous system problem? [DTaP, Td, Tdap, IIV, LAIV, MMRV]

DTaP and Tdap are contraindicated in children who have a history of encephalopathy within 7 days following DTP/DaP. An unstable progressive neurologic problem is a precaution to the use of DTaP and Tdap. For children with stable neurologic disorders (including seizures) unrelated to vaccination, or for children with a family history of seizures, vaccinate as usual (exception: children with a personal or family [i.e., parent or sibling] history of seizures generally should not be vaccinated with MMRV; they should receive separate MMR and VAR vaccines). A history of Guillain-Barré syndrome (GBS) is a consideration with the following: 1) Td/Tdap: if GBS has occurred within 6 weeks of a tetanus-containing vaccine and decision is made to continue vaccination, give Tdap instead of Td if no history of prior Tdap;

NOTE: For summary information on contraindications and precautions to vaccines, go to the ACIP's General Best Practice Guidelines for Immunization at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html

2) Influenza vaccine (IIV, LAIV, or RIV): if GBS has occurred within 6 weeks of a prior influenza vaccination, vaccinate with IIV if at high risk for severe influenza complications.

8. Does the child have cancer, leukemia, HIV/AIDS, or any other immune system problem? [LAIV, MMR, MMRV, RV, VAR]

Live virus vaccines (e.g., MMR, MMRV, VAR, RV, LAIV) are usually contraindicated in immunocompromised children. However, there are exceptions. For example, MMR is recommended for asymptomatic HIV-infected children who do not have evidence of severe immunosuppression. Likewise, VAR should be considered for HIV-infected children age 12 months through 8 years with age-specific CD4+ T-lymphocyte percentage at 15% or greater, or for children age 9 years or older with CD4+ T-lymphocyte counts of greater than or equal to 200 cell/ μ L. VAR should be administered (if indicated) to persons with isolated humoral immunodeficiency. Immunosuppressed children should not receive LAIV. Infants who have been diagnosed with severe combined immunodeficiency (SCID) should not be given a live virus vaccine, including RV. Other forms of immunosuppression are a precaution, not a contraindication, to RV. For details, consult ACIP recommendations (see references in **Notes** above).

9. Does the child have a parent, brother, or sister with an immune system problem? [MMR, MMRV, VAR]

MMR, VAR, and MMRV vaccines should not be given to a child or teen with a family history of congenital or hereditary immunodeficiency in first-degree relatives (i.e., parents, siblings) unless the immune competence of the potential vaccine recipient has been clinically substantiated or verified by a laboratory.

10. In the past 3 months, has the child taken medications that affect the immune system such as prednisone, other steroids, or anticancer drugs; drugs for the treatment of rheumatoid arthritis, Crohn's disease, or psoriasis; or had radiation treatments? [LAIV, MMR, MMRV, VAR]

Live virus vaccines (e.g., LAIV, MMR, MMRV, VAR) should be postponed until after chemotherapy or long-term high-dose steroid therapy has ended. For details and length of time to postpone, consult the ACIP statement. Some immune mediator and immune modulator drugs (especially the antitumor-necrosis factor agents adalimumab, infliximab, and etanercept) may be immunosuppressive. A comprehensive list of immunosuppressive immune modulators is available in CDC Health Information for International Travel (the "Yellow Book") available at wwwnc.cdc.gov/travel/yellowbook/2020/travelers-with-additional-considerations/immunocompromised-travelers. The use of live vaccines should be avoided in persons taking these drugs. To find specific vaccination schedules for stem cell transplant (bone marrow transplant) patients, see General Best Practice Guidelines for Immunization (referenced in **Notes** above). LAIV, when recommended, can be given only to healthy non-pregnant people ages 2 through 49 years.

11. In the past year, has the child received a transfusion of blood/blood products, or been given immune (gamma) globulin or an antiviral drug? [MMR, MMRV, LAIV, VAR]

Certain live virus vaccines (e.g., MMR, MMRV, LAIV, VAR) may need to be deferred, depending on several variables. Consult the most current ACIP recommendations (referenced in **Notes** above) for the most current information on intervals between antiviral drugs, immune globulin or blood product administration and live virus vaccines.

12. Is the child/teen pregnant or is there a chance she could become pregnant during the next month? [HPV, IPV, LAIV, MenB, MMR, MMRV, VAR]

Live virus vaccines (e.g., MMR, MMRV, VAR, LAIV) are contraindicated one month before and during pregnancy because of the theoretical risk of virus transmission to the fetus. Sexually active young women who receive a live virus vaccine should be instructed to practice careful contraception for one month following receipt of the vaccine. On theoretical grounds, IPV and MenB should not be given during pregnancy; however, it may be given if there is a risk of exposure. IIV and Tdap are both recommended during pregnancy. HPV vaccine is not recommended during pregnancy.

13. Has the child received vaccinations in the past 4 weeks? [LAIV, MMR, MMRV, VAR, yellow fever]

Children who were given either LAIV or an injectable live virus vaccine (e.g., MMR, MMRV, VAR, yellow fever) should wait 28 days before receiving another vaccination of this type (30 days for yellow fever vaccine). Inactivated vaccines may be given at the same time or at any spacing interval.

VACCINE ABBREVIATIONS

| | |
|--|--|
| LAIV = Live attenuated influenza vaccine | MMRV = MMR+VAR vaccine |
| HPV = Human papillomavirus vaccine | RIV = Recombinant influenza vaccine |
| IIV = Inactivated influenza vaccine | RV = Rotavirus vaccine |
| cIIIV = cell culture inactivated influenza vaccine | Td/Tdap = Tetanus, diphtheria, (acellular pertussis) vaccine |
| IPV = Inactivated poliovirus vaccine | VAR = Varicella vaccine |
| MMR = Measles, mumps, and rubella vaccine | |



THIS SECTION TO BE COMPLETED BY OFFICE PERSONNEL

VFC Eligibility Status Verification

| Screening Date | VFC Eligible | | | | Not VFC Eligible |
|----------------|---------------------------|-----------|--------------------------------|--|--|
| | Medi-Cal or CHDP Eligible | Uninsured | America Indian/ Alaskan Native | Under-Insured (Patient's health insurance does not cover vaccine(s)) | Insured (Patient has health Insurance) |
| | | | | | |
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The patient qualifies for immunization through the VFC Program because he/she or his/her parent/guardian ~~is~~ the child is 18 years of age or younger AND:

Choose only one of the following.

(Note: If a child meets two or more of the eligibility qualifications, choose the first one that applies.)

- is Medi-Cal or Child Health and Disability Prevention (CHDP) eligible; or
- Is uninsured (does not have private health insurance); or
- Is an American Indian or Alaskan Native or
- Health insurance does not cover vaccines (only at federally qualified and rural health centers).

The patient does not qualify for immunization through the VFC Program because he/she has health insurance that pays for vaccines.

Comments: