

# Vaccination Assessment

Patient name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

You never outgrow your need for vaccines, and we'll help you find the CDC-recommended ones that are right for you.

## Shingles

Are you over 50?  
Yes \_\_\_ No \_\_\_

Have you had a shingles shot in the past?  
Yes, date \_\_\_\_\_ No \_\_\_ Don't know \_\_\_

## Pneumonia

Are you over 65?  
Yes \_\_\_ No \_\_\_

Have you had a pneumonia shot in the past?  
Yes, date \_\_\_\_\_ No \_\_\_ Don't know \_\_\_

## Tetanus, diphtheria, acellular pertussis (whooping cough)

Have you had a tetanus shot in the last 10 years?  
Yes \_\_\_ No \_\_\_ Don't know \_\_\_

Do you currently or will you come in contact with newborns or infants?  
Yes \_\_\_ No \_\_\_

Are you currently pregnant or plan to become pregnant?  
Yes \_\_\_ No \_\_\_

Have you ever had a whooping cough shot?  
Yes, date \_\_\_\_\_ No \_\_\_ Don't know \_\_\_

## Do you have any of the following medical conditions? (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Asthma                 | <input type="checkbox"/> Damaged or removed spleen   |
| <input type="checkbox"/> COPD                   | <input type="checkbox"/> Heart disease               |
| <input type="checkbox"/> HIV infection          | <input type="checkbox"/> Liver disease               |
| <input type="checkbox"/> Kidney disease         | <input type="checkbox"/> Cancer or cancer treatment  |
| <input type="checkbox"/> Bone marrow transplant | <input type="checkbox"/> Diabetes (type 1 or type 2) |

## Review the items listed below and check those that apply to you:

- Alcoholism
- Use illicit drugs (injection and non-injection)
- Smoke cigarettes
- Man who has sex with men

## Hepatitis A and B

Have you had the hepatitis A vaccine series in the past?  
Yes, date \_\_\_\_\_ No \_\_\_ Don't know \_\_\_

Have you had the hepatitis B vaccine series in the past?  
Yes, date \_\_\_\_\_ No \_\_\_ Don't know \_\_\_

Are you a healthcare, day care or food service worker?  
Yes \_\_\_ No \_\_\_

## Meningitis and HPV

Have you had the meningitis shot?  
Yes, date \_\_\_\_\_ No \_\_\_ Don't know \_\_\_

Have you received the HPV vaccine series yet?  
Yes, date(s) \_\_\_\_\_ No \_\_\_ Don't know \_\_\_

Are you a first-year college student who lives in a college dormitory?  
Yes \_\_\_ No \_\_\_

Are you a new military recruit?  
Yes \_\_\_ No \_\_\_

## Travel health

Will you be traveling outside of the United States in the near future?  
Yes \_\_\_ No \_\_\_

Do you have a weakened immune system due to illness or medications?  
Yes \_\_\_ No \_\_\_

### Based on your responses, the CDC recommends the following vaccines:

- |                                      |                                      |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> Pneumonia   |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Shingles    |
| <input type="checkbox"/> HPV         | <input type="checkbox"/> Tdap        |
| <input type="checkbox"/> Meningitis  | <input type="checkbox"/> Other _____ |

Vaccines subject to availability. Not all vaccines available in all locations. State-, age- and health-related restrictions may apply. The assessment is not for diagnostic or treatment purposes. Information provided by Walgreens does not constitute medical advice, diagnosis or treatment. See pharmacy for details and nearest location.