

Your name: _____ Date of birth: ____/____/____ Today's date: ____/____/____
(mo.) (day) (yr.) (mo.) (day) (yr.)



Do I Need Any Vaccinations Today?

Many adults are behind on their vaccinations. These checklists will help you and your healthcare provider determine if you need any vaccinations. Please check the boxes that apply to you.

Influenza vaccination

- I am age 50 years or older.
- I am younger than age 50 years, and one or more of the following conditions or situations applies to me:
 - ___ lung disease
 - ___ heart disease
 - ___ kidney disease
 - ___ diabetes
 - ___ HIV/AIDS
 - ___ a disease that affects my immune system
 - ___ a condition that may cause me to choke when I swallow (e.g., neuromuscular disorder, spinal cord injury, seizure disorder)
 - ___ I live in a nursing home or chronic care facility.
 - ___ I will be pregnant during the influenza season (December–March).
 - ___ I provide essential community services.
 - ___ I am a healthcare worker.
 - ___ I am a household contact or caregiver of a person who has one of the illnesses listed at the left, is age 65 years or older, or is age 0–59 months.
- I am not in one of the groups listed above, but I'd like to be vaccinated to avoid getting influenza this season.

Pneumococcal vaccination

- I am age 65 years or older, and I have never had a dose of pneumococcal vaccine.
- I am age 65 years or older and had one dose of pneumococcal vaccine when I was younger than 65; it has been at least 5 years since that dose.
- I have one of the following health problems and I (have) (have not) had a previous dose of pneumococcal vaccine:
 - ___ lung disease (not asthma)
 - ___ heart disease
 - ___ diabetes
 - ___ alcoholism
 - ___ cochlear implant
 - ___ kidney disease
 - ___ liver disease
 - ___ HIV/AIDS
 - ___ Hodgkin's disease
 - ___ leukemia
 - ___ multiple myeloma
 - ___ lymphoma
 - ___ organ or bone marrow transplant
 - ___ generalized malignancy
 - ___ cerebrospinal fluid leak
 - ___ sickle cell disease
 - ___ had my spleen removed
 - ___ on medication or receiving x-ray treatment that affects my immune system

Tetanus-, diphtheria-, and pertussis-containing vaccination (e.g., DTP, DTaP, Tdap, or Td)

- I am younger than age 65 years and have not had a pertussis-containing vaccine as an adult.
- I have or will have close contact with a child younger than 12 months and have not had a pertussis-containing vaccine as an adult.
- I have not yet had at least 3 tetanus- and diphtheria-containing shots.
- I have had at least 3 tetanus- and diphtheria-containing shots in my lifetime, but I believe it's been 10 years or more since I received my last shot.
- I have no idea if I ever received any tetanus- and diphtheria-containing shots in school, the military, or elsewhere.

(continued on page 2)

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Hepatitis A vaccination

- I am in one of the following risk groups, and I haven't had the 2-dose vaccination series against hepatitis A:
 - I travel in countries other than the U.S., Western Europe, Canada, Japan, Australia, and New Zealand.¹
 - I use street drugs.
 - I am a man who has sex with men.
 - I have chronic liver disease.
 - I have a clotting factor disorder.
- I wish to receive hepatitis A vaccine to be protected against hepatitis A even though I am not in one of the above groups.

Hepatitis B vaccination

- I am in one of the following risk groups, and I haven't completed the 3-dose vaccination series against hepatitis B:
 - I live with a person who has long-term hepatitis B virus infection.
 - I've been diagnosed with a sexually transmitted disease.
 - I have a bleeding disorder that requires transfusion.
 - I have had more than one sex partner in a 6-mo. period.
 - I am or will be on kidney dialysis.
 - I am a man who has sex with men.
 - I am an immigrant, or my parents are immigrants from an area of the world where hepatitis B is common.^{2,3}
 - I am a healthcare or public safety worker who is exposed to blood or body fluids.
 - I inject street drugs.
 - I provide direct services for people with developmental disabilities.
 - I am a sex partner of a person with hepatitis B.
 - I travel outside the U.S.^{1,2}
- I wish to receive hepatitis B vaccine to be protected against hepatitis B even though I am not in one of the above groups.

Measles-Mumps-Rubella (MMR) vaccination

- I was born after 1956 and never received a dose of MMR.
- I am a woman thinking about a future pregnancy and do not know if I'm immune to rubella.
- I am included in one of the following groups for whom 2 doses of MMR are recommended, but I have received only 1 dose of MMR.
 - ___ I am a healthcare worker.
 - ___ I am entering college or a post-high school educational institution.
 - ___ I travel internationally.
 - ___ I had a blood test that shows I do not have immunity to measles, mumps, or rubella.

Chickenpox (varicella) vaccination

- I have never had chickenpox disease or varicella vaccination.
- I'm not sure if I've had chickenpox or not.
- I may become pregnant and do not know if I'm immune to chickenpox.

Meningococcal vaccination

- I am (or will be) a college freshman living in a dorm.
- I am traveling to an area of the world where meningococcal disease is common.¹
- I have sickle cell disease, or my spleen isn't working or has been removed.

Human papillomavirus vaccination

- I am a woman younger than age 27 years and haven't completed a 3-dose vaccination series against human papillomavirus.

Shingles (zoster) vaccination

- I am an adult age 60 years or older and haven't been vaccinated against shingles.

Note: Adults may need additional vaccines, such as Hib, polio, or others. Talk to your healthcare provider.

1. Call your local travel clinic to find out if additional vaccines are recommended.
 2. 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 with moderate rates include South Central and Southwest Asia, Israel, Japan, Eastern and Southern Europe, Russia, and most of Central and South America.
 3. Adults from these areas should be tested for hepatitis B when they receive the first dose of hepatitis B vaccine (during the same visit).