COUNTY OF SAN LUIS OBISPO
HEALTH AGENCY
PUBLIC HEALTH DEPARTMENT

Centricity #	CAIR #

Immunization Screening

Last Name	First Name	Birthdate (MM/DD/YY)

Please answer the following questions to help determine which vaccines you may be given today. If a question is not clear, please ask your health care provider to explain it.

	Yes	No	Not Sure	Please explain (if needed)
Are you sick today?	❐	❐	❐	
Do you have any allergies to medications, food, or any vaccine?	❐	❐	❐	
Have you ever had a serious reaction to a vaccine in the past?	❐	❐	❐	
Have you ever had a seizure, brain, or nerve problem?	❐	❐	❐	
Have you ever had cancer, leukemia, AIDS, or any other immune system problem?	❐	❐	❐	
Have you taken cortisone, prednisone, other steroids, or anti-cancer drugs, or had radiation therapy in the past three months?	❐	❐	❐	
Have you received a transfusion of blood or blood products, or been given a medicine called Immune (Gamma) Globulin in the past year?	❐	❐	❐	
Are you pregnant or is there a chance you could be pregnant during the next month?	❐	❐	❐	
Have you received any vaccinations in the past four weeks?	❐	❐	❐	
Have you been treated with monoclonal antibodies or convalescent serum for COVID-19?	❐	❐	❐	
Have you received hematopoietic cell transplant (HCT) or CAR-T-cell therapies since receiving COVID-19 vaccine?	❐	❐	❐	
Do you have a history of myocarditis or pericarditis?	❐	❐	❐	
Do you have a history of Guillain-Barré Syndrome (GBS)?	❐	❐	❐	
Do you have a history of keloid scar formation?	❐	❐	❐	
Have you ever had an allergic reaction to component of a COVID-19 vaccine, including any of the following:				
❐ Polyethylene glycol (PEG), which is found in some medications, such as laxatives and preparations for colonoscopy procedures	❐	❐	❐	
❐ Polysorbate, which is found in some vaccines, film coated tablets, and intravenous steroids	❐	❐	❐	
❐ A previous dose of COVID-19 vaccine	❐	❐	❐	

For office use only:

Disclosure: _______ Yes _____ No _____ Declined to Share Date: ________________
Nurse Signature: ____ Date: ________________

Vaccines for Children (VFC)
❐ DTaP Daptacel 90700V
❐ DTaP Infanrix, vial 90700VA
❐ DTaP Infanrix, syringe 90700VB
❐ DTaP-IPV Kinrix, vial 90696V
❐ DTaP-IPV Kinrix, syringe 90696VA
❐ Hib PedVaxHib 90647V
❐ Hib ActHiB 90648V
❐ MMRV ProQuad 90710V
❐ Measles/Mumps/Rubella MMR 90707V
❐ Varicella Varivax 90716V
❐ Vaxelis DTaP-IPV-Hib-HepB 90697V
❐ Poliovirus IPOL 90713V
❐ Rotavirus RotaTeq, tube 90680V
❐ Men B Bexero 90620V
❐ MenQuadfi 90619V
❐ PCV13 Prevnar 90670V
❐ Hep A Havrix, vial 90633VB
❐ Hep A Havrix, syringe 90633VC
❐ Hep B Energix, vial 90744V
❐ Hep B Energix, syringe 90744VA
❐ Hep B Recombivax HB syringe 90744VC
❐ Tdap Adacel, syringe 90715VA
❐ Tdap Boostrix, vial 90715VB
❐ Tdap Boostrix, syringe 90715VC
❐ HPV Gardasil9 90651V

Vaccines for Adults
❐ Hep A Havrix, vial 90632B
❐ Hep A Havrix, syringe (90632C)
❐ Hep B Energix, vial 90746B
❐ Hep B Energix, syringe 90746C
❐ Hep B Heplisav-B, vial 90739
❐ Hep A&B Twinrix 90636
❐ Hib ActHiB 90648
❐ HPV Gardasil9 90651
❐ Immune Globulin Gamastan 90281
❐ MenQuadfi 90619
❐ Men B Bexero 90620
❐ Measles/Mumps/Rubella MMR 90707
❐ PCV20 Prevnar 90677
❐ PPSV23 Pneumovax syringe 90732A
❐ Tdap Adacel vial 90715
❐ Tdap Adacel syringe 90715A
❐ Tdap Boostrix vial 90715B
❐ Tdap Boostrix syringe 90715C
❐ Varivax Varicella 90716
❐ Zostavax Zoster 90736
❐ Shingrix 90750
❐ Imovax Rabies 90675
❐ HPV Gardasil9 90651
❐ Jynneos 90611

2022 – 2023 COVID-19 Vaccines
❐ Pfizer-BioNTech Monovalent (6 M–4 Y) 91308
❐ Pfizer-BioNTech Bivalent (6 M–4 Y) 91317
❐ Pfizer-BioNTech Monovalent (5 Y-11 Y) 91307
❐ Pfizer-BioNTech Bivalent (5 Y-11 Y) 91315
❐ Pfizer-BioNTech/Comirnaty (12+) 91305
❐ Pfizer-BioNTech Bivalent (12+) 91312
❐ Moderna Monovalent (6 M–5 Y) 91311
❐ Moderna Bivalent (6 M–5 Y) 91316
❐ Moderna Monovalent (6 Y–11 Y) 91309
❐ Moderna Bivalent (6 Y–11 Y) 91314
❐ Moderna/Spikevax Monovalent (12+) 91301
❐ Moderna Bivalent (12+) 91313
❐ Novavax Monovalent 12+ 91304

2022-2023 FLU Vaccines
❐ Fluzone Quad 0.5ml MDV 90688
❐ Fluzone High Dose 90662
❐ Fluarix Quad PF 90686
❐ FluLaval Quad 0.5ml PF 90686A
❐ FluMist Quad 0.2 ml SD 90672
❐ FluBlok Quad 0.5 ml 90682

Travel Vaccines
❐ Yellow Fever YF-Vax 90717
❐ Poliovirus IPOL 90713
❐ Typhoid Typhim Injection 90691
❐ Typhoid Vivotif ORAL 90690
❐ Vaxchora - Cholera 90625

Office Visit
❐ One Vaccine – Injectable/FLU Injectable 90471
❐ Two or More Vaccines – Injectable 90472 and 90471
❐ One Vaccine – Oral or Nasal/FLU Nasal 90473
❐ Two or More Vaccines – Oral or Nasal 90474

Medicare Specific Admin Codes
❐ PCV20 or PPSV23 (G0009)
❐ High Dose Flu (G0008)

Insurance Specific Admin Codes
❐ Hep B G0010

Other: ______________________________

Other: ______________________________

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Antes de las vacunas

El Apellido	El Primer Nombre	Fecha De Nacimiento (MM/DD/YY)

Las siguientes preguntas nos ayudarán a determinar cuáles vacunas debe recibir hoy. Si alguna pregunta no está clara, por favor pidale a su proveedor de salud que se la explique.

	Sí	No	No lo sé	Explicación (si es aplicable)
¿Está enfermo hoy?	❐	❐	❐	
¿Tiene alergias a medicamentos, alimentos, o alguna vacuna?	❐	❐	❐	
¿Ha tenido alguna reacción seria a las vacunas en algún momento?	❐	❐	❐	
¿Ha tenido un ataque, convulsión, o un problema del cerebro o nervio?	❐	❐	❐	
¿Tiene cancer, leucemia, SIDA, o cualquier otra enfermedad del sistema inmunológico?	❐	❐	❐	
¿Ha tomado cortisona, prednisona, otros esteroides, drogas anti cáncer, o ha estado expuesto a radioterapia en los últimos tres meses?	❐	❐	❐	
¿En el curso del año pasado, ha recibido alguna transfusión de sangre, productos de sangre, o un medicamento llamado gammablobulina inmunológica?	❐	❐	❐	
¿Es posible que usted esté embarazada, o quede embarazada en el próximo mes?	❐	❐	❐	
¿Ha recibido alguna vacuna durante las últimas cuatro semanas?	❐	❐	❐	
¿Ha sido tratado con anticuerpos monoclonales o suero convaleciente para COVID-19?	❐	❐	❐	
¿Ha recibido terapias de trasplante de células hematopoyéticas (HCT) o de células CAR-T desde que recibió la vacuna contra el COVID-19?	❐	❐	❐	
¿Tiene antecedentes de miocarditis o pericarditis?	❐	❐	❐	
¿Tiene antecedentes de Síndrome de Guillain-Barré (GBS)?	❐	❐	❐	
¿Tiene antecedentes de formación de cicatrices queloides?	❐	❐	❐	
¿Alguna vez ha tenido una reacción alérgica al componente de una vacuna COVID-19, incluyendo cualquiera de los siguientes:				
• Polietilenglicol (PEG), que se encuentra en algunos medicamentos, como laxantes y preparaciones para procedimientos de colonoscopia.	❐	❐	❐	
• Polisorbato, que se encuentra en algunas vacunas, comprimidos recubiertos y esteroides intravenosos	❐	❐	❐	
• Una dosis previa de la vacuna COVID-19	❐	❐	❐	

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- ❐ High Dose Flu (G0008)

Insurance Specific Admin Codes
- ❐ Hep B G0010

Other: ______________________________

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