COUNTY OF SAN LUIS OBISPO
HEALTH AGENCY
PUBLIC HEALTH DEPARTMENT

Immunization Screening

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

	Yes	No	Unsure	Comments
Are you/the patient sick today?	❒	❒	❒	
Do you/the patient have any allergies to medications, food, latex, or any vaccine component?	❒	❒	❒	
Have you/the patient ever had a serious reaction to a vaccine in the past?	❒	❒	❒	
Do you/the patient have any of the following: a long-term health problem with heart, lung, kidney, or metabolic disease (e.g., diabetes), asthma, a blood disorder, no spleen, a cochlear implant, or a spinal fluid leak? Are you/the patient on long-term aspirin therapy?	❒	❒	❒	
Do you/the patient have cancer, leukemia, HIV/AIDS, or any other immune system problem?	❒	❒	❒	
Do you/the patient have a parent, brother, or sister with an Immune system problem?	❒	❒	❒	
In the past 6 months, have you/the patient taken medications that affect you/the patient immune system, such as prednisone, other steroids, or anticancer drugs; drugs for the treatment of rheumatoid arthritis, Crohn's disease, or psoriasis; or have you/the patient had radiation treatments?	❒	❒	❒	
Have you/the patient ever been diagnosed with a heart condition (myocarditis or pericarditis) or have you/the patient had Multisystem Inflammatory Syndrome (MIS-A or MIS-C) after an infection with the virus that causes COVID-19?	❒	❒	❒	
In the past year, have you/the patient received immune (gamma) globulin, blood/blood products, or an antiviral drug?	❒	❒	❒	
Are you/the patient pregnant?	❒	❒	❒	
Have you/the patient received any vaccinations in the past 4 weeks?	❒	❒	❒	
Have you/the patient ever felt dizzy or faint before, during, or after a shot?	❒	❒	❒	
Are you/the patient anxious about getting a shot today?	❒	❒	❒	
Have you/the patient, a sibling, or a parent had a seizure; have you/the patient had a brain or other nervous system problem?	❒	❒	❒	
For children age 2 through 4 years: Has a healthcare provider told you that the child had wheezing or asthma in the past 12 months?	❒	❒	❒	
For babies: Has the patient ever been told the child had intussusception?	❒	❒	❒	

Athena #	CAIR #

For office use only: Vaccine(s) Requested:

Adult

___ Self Pay - Private Pay ___ Vaccine Program- 317/SGF
___ Medi-Cal ___ BAP
___ CenCal
___ Medicare Part B
___ TransactRX – Part D

___ Waived ___ Merck
___ Voucher ___ Private Insurance Provider:

Child

___ Self Pay - Private Pay
___ Medi-Cal VFC
___ CenCal VFC
___ Uninsured – VFC

___ Waived ___ Private Insurance Provider:
___ Voucher

Disclosure: _____Yes ____No _____Declined to Share Date: _____
Nurse Signature: _____ Date: _____

Vaccines for Children (VFC)
❒ DTaP Infanrix, syringe 90700VB
❒ DTaP Infanrix, vial 90700VA
❒ DTaP-IPV HIB Pentacel 90698V
❒ DTaP-IPV Kinrix, syringe 90696VA
❒ DTaP-IPV Kinrix, vial 90696V
❒ DTaP-IPV-Hib-HepB Vaxelis 90697V
❒ Hep A Havrix, syringe 90633VC
❒ Hep A Havrix, vial 90633VB
❒ Hep B Energix, syringe 90744VA
❒ Hib ActHiB 90648V
❒ Hib PedVaxHib 90647V
❒ HPV Gardasil9 90651V
❒ Measles/Mumps/Rubella MMR 90707V
❒ Men B Bexero 90620V
❒ MenQuadfi 90619V
❒ MMRV ProQuad 90710V
❒ PCV13 Prevnar 90670V
❒ PCV20 90677V
❒ Poliovirus IPOL 90713V
❒ Rotavirus RotaTeq, tube 90680V
❒ RSV Abrysvo 906782
❒ RSV Beyfortus 50 mg/0.5mL 90380
❒ RSV Beyfortus 100 mg/mL 90381
❒ Tdap Boostrix, syringe 90715VC
❒ Varicella Varivax 90716V

Vaccines for Adults
❒ Hep A Havrix, syringe 90632C
❒ Hep A&B Twinrix 90636
❒ Hep B Energix, syringe 90746C
❒ Hep B Heplisav-B, syringe 90739
❒ Hib ActHiB 90648
❒ HPV Gardasil9 90651
❒ Immune Globulin Gamastan 90281
❒ Measles/Mumps/Rubella MMR 90707
❒ Men B Bexero 90620
❒ Meningococcal ACYW MenQuadfi 90619
❒ MPOX Jynneos 90611
❒ PCV20 Prevnar 90677
❒ Rabies Imovax 90675
❒ RSV Abrysvo 90678
❒ Shingrix 90750
❒ Tdap Boostrix syringe 90715C
❒ Tdap Boostrix vial 90715B
❒ Varicella Varivax 90716

COVID-19 Vaccines
❒ Comirnaty (12+) 91320
❒ Pfizer BioNTech (6mo– 4 yr) 91318
❒ Pfizer BioNTech (5 -11 yr) 91319

FLU Vaccines
❒ Fluarix 90656
❒ FluBlok 90673
❒ FluLaval 90656
❒ FluMist 90660
❒ Fluzone High Dose 90662
❒ Fluzone Multi dose .5mL 90658
❒ Fluzone Prefilled Syringe 90656

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

Office Visit
❒ COVID-19 Vaccine - 90480
❒ One Vaccine – Injectable 90471
❒ One Vaccine – Oral or Nasal 90473
❒ Two or More Vaccines – Injectable 90472 and 90471
❒ Two or More Vaccines – Oral or Nasal 90473 and 90474

Medicare Specific Admin Codes
❒ Hep B G0010
❒ High Dose Flu G0008
❒ PCV20 G0009

Other: _____

Other: _____