

HEPATITIS B SCREENING QUESTIONNAIRE

- If parent answers “no” to all these questions, and signs at the bottom, immunize the child.
- If parent answers “yes” to any question, consult with RN or MD or refer to “Guide to Contraindications to Childhood Vaccines.”

- | Y | N |
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1. Is your child sick today or does he/she have a high fever?
 2. Is your child, or anyone else at home, taking steroids (such as cortisone or prednisone) or cancer treatment now, or have they taken them within the past 3 months?
 3. Does your child, or anyone else in your home, have cancer, leukemia, HIV/AIDS or some other immune system problem?
 4. Has your child ever had a reaction to a vaccine, which was so bad that you had to take him/her to the doctor or hospital?
 5. Has your child ever had convulsions or seizures? Does your child have any other problems affecting his/her brain or nerves?
 6. Does your child have an allergy to any of the following things which is so severe that it needs medical treatment: eggs, neomycin, streptomycin, thimerosal, gelatin, yeast?
 7. Has your child had a blood transfusion or a gamma globulin shot in the past year?
 8. Is your child currently taking aspirin? (Except in rare cases, children should not be given aspirin, especially after varicella vaccine.)
 9. (For adolescent girls) Could your child be pregnant?

PRINT MINOR’S NAME

**Can you provide proof your child has had all of his/her vaccines, including Hep B? If yes, please initial here _____. Please provide proof as soon as possible.

IMMUNIZATION CONSENT

I have been given* or have read, or have had explained to me, the information contained in the “Hepatitis B Vaccine Information Sheet” about the disease(s) and vaccine(s) indicated below. I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of the vaccine(s) and request that the vaccine(s) indicated below be given to me or to the person named above for whom I am authorized to make this request.

PARENT’S SIGNATURE

DATE

*Give Hep B sheet to parent

Original – Nurse

Copy – File

HEPATITIS B VACCINE