## **Patient Self-Screening Form**

Did you know that adults need vaccines, too? Each year, thousands of adults in New York City get sick – and some even die – from vaccine-preventable diseases, including influenza and pneumonia, whooping cough (pertussis), hepatitis A and B, and shingles (zoster).

Vaccines help prevent common diseases that can be serious and costly for you and your loved ones. Please fill out the questionnaire below to help us determine which vaccines are right for you. Check all that apply to you.

Check all that apply to you:	Let's discuss these recommended vaccines:
○ I am 19 years of age or older	<ul> <li>Seasonal flu (influenza) vaccine, recommend annually for all adults</li> <li>Tetanus, diphtheria and whooping cough (Tdap) vaccine for all adults who have never received a Tdap vaccine (one dose)</li> <li>Tetanus and diphtheria (Td) vaccine every 10 years</li> </ul>
O I am 60 years of age or older	Shingles (zoster) vaccine
O I am 65 years of age or older	<ul> <li>Both types of pneumococcal vaccines (one dose of conjugate first, then one dose of polysaccharide 12 months later)</li> </ul>
I was born in the U.S. in 1957 or later, and have never had measles, mumps or rubella or gotten vaccines for these diseases	• Measles, mumps, rubella (MMR) vaccine
I was born in the U.S. in 1980 or later, and have never had the chickenpox or gotten the chickenpox vaccine	Chickenpox (varicella) vaccine
<ul> <li>I did not receive or complete the human papillomavirus (HPV) vaccine series as a pre-teen or adolescent</li> </ul>	<ul> <li>HPV vaccine series if you are:</li> <li>Female, aged 26 years or younger</li> <li>Male, aged 21 years or younger</li> <li>Male, aged 22 to 26 years, who has sex with men or who has a weakened immune system or HIV</li> </ul>
O I am pregnant	Tdap vaccine during each pregnancy
<ul> <li>I have heart disease, asthma or chronic lung disease</li> </ul>	Pneumococcal polysaccharide vaccine
O I have Type 1 or Type 2 diabetes	<ul> <li>Hepatitis B vaccine series</li> <li>Pneumococcal polysaccharide vaccine</li> </ul>
O I have a weakened immune system	<ul> <li>Both types of pneumococcal vaccines (one dose of conjugate first, then one dose of polysaccharide eight weeks later)</li> <li>HPV vaccine series (if aged 26 years or younger and not previously vaccinated)</li> <li>Haemophilus influenzae type b (Hib) vaccine (only after a hematopoietic stem cell transplant)</li> </ul>





○ I have HIV	<ul> <li>Meningococcal (MenACWY) two-dose primary series (given eight weeks apart followed by booster doses every five years)</li> <li>Hepatitis B vaccine series</li> <li>Both types of pneumococcal vaccines (one dose of conjugate first, then one dose of polysaccharide eight weeks later)</li> <li>HPV vaccine series (if aged 26 years or younger and not previously vaccinated)</li> </ul>
• I have chronic liver disease (including hepatitis C virus infection, cirrhosis, fatty liver disease, alcoholic liver disease and/or autoimmune hepatitis)	<ul> <li>Hepatitis A vaccine series</li> <li>Hepatitis B vaccine series</li> <li>Pneumococcal polysaccharide vaccine</li> </ul>
<ul> <li>I do not have a spleen or my spleen does not work well</li> </ul>	<ul> <li>Haemophilus influenzae type b (Hib) vaccine</li> <li>Meningococcal vaccine</li> <li>Both types of pneumococcal vaccines (one dose of conjugate first, then one dose of polysaccharide eight weeks later)</li> </ul>
O I am a man who has sex with men	<ul> <li>Hepatitis A vaccine series</li> <li>Hepatitis B vaccine series</li> <li>HPV vaccine series (if aged 26 years or younger and not previously vaccinated)</li> </ul>
O I am a health care worker	<ul> <li>Hepatitis B vaccine series</li> <li>Measles, mumps, rubella (MMR) series</li> <li>Chickenpox (varicella) vaccine</li> </ul>
• I am a laboratory worker and may be routinely exposed to isolates of <i>Neisseria</i> <i>meningitidis</i> or specimens potentially containing hepatitis A or hepatitis B virus	<ul> <li>Hepatitis A vaccine series</li> <li>Hepatitis B vaccine series</li> <li>Meningococcal (MenACWY and MenB) vaccines</li> </ul>
O I am a college or university student	<ul> <li>Meningococcal (MenACWY) for college freshmen who live in residence halls</li> <li>Measles, mumps, rubella (MMR) series</li> </ul>
O I am planning to travel out of the U.S.	• Talk to your health care provider to learn which vaccines you may need based on where you are traveling

## Talk to your doctor about which vaccines are right for you. For more information on recommended adult vaccines, visit cdc.gov/vaccines/adults.

This document is adapted from the Center for Disease Control and Prevention's (CDC) "Patient Intake Form": visit cdc.gov and search vaccine patient intake form.