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## QUESTIONS FOR CONSENT FOR IMMUNIZATION

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1. HAVE YOU HAD AN ALLERGIC REACTION TO A VACCINE?
2. DO YOU HAVE AN ALLERGY TO ANY VACCINE COMPONENTS?
3. DO YOU HAVE ANY SERIOUS HEALTH/IMMUNE PROBLEMS?
4. DO YOU HAVE A HISTORY OF SEIZURES, FAINTING, OR ASTHMA?
5. ARE YOU ON ANY MEDICATION?
6. HAVE YOU RECEIVED ANY BLOOD PRODUCTS IN THE LAST YEAR?
7. HAVE YOU RECEIVED ANY OTHER VACCINES IN THE LAST MONTH?
8. ARE YOU PREGNANT OR PLANNING TO BECOME PREGNANT?
9. DO YOU HAVE A FEVER OR FEEL SICK TODAY?
10. HAVE YOU RECEIVED THIS VACCINE BEFORE?

Fact sheet(s) were provided to the client or parent for a review prior to the immunization.

Client given an opportunity to ask questions and questions were addressed.

After care sheet completed, reviewed, and provided to the client or parent.