LAUREL WOMEN'S MEDICAL GROUP

GARDASIL HPV Vaccine

SCREENING QUESTIONAIRE FOR TODAY'S IMMUNIZATION

For patients, parents and guardians: This form helps us decide who should receive vaccines. If the question is not clear, please ask for an explanation from a doctor or a nurse. Please mark the box under your answer.

	YES	NO	UNSURE
1. Are you (or your child who will receive the vaccine) sick today?	[ ]	[ ]	[ ]
2. Do you (or your child) have allergies to food, medications, or any vaccine? If yes, describe ___________________________________	[ ]	[ ]	[ ]
3. Have you (or your child) had a serious reaction to a vaccine in the past?	[ ]	[ ]	[ ]
4. Do you (or your child) have a seizure or neurological disorder?	[ ]	[ ]	[ ]
5. Do you (or your child) have cancer, an immune system disorder, or take medications that suppress the immune system such as steroids or anti-cancer drugs?	[ ]	[ ]	[ ]
6. Have you (or your child) received blood, plasma, or gammaglobulin in the past six months?	[ ]	[ ]	[ ]
7. Are you (or your child) pregnant?	[ ]	[ ]	[ ]
8. Is there a chance you could become pregnant in the next 6 months?	[ ]	[ ]	[ ]
9. Have you received any vaccines in the last four weeks?	[ ]	[ ]	[ ]

I have read, or have had explained to me, the information about the vaccine(s) listed above. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of the vaccine(s) and request that the vaccine(s) listed above are given to me or to the person below for whom I am authorized to make this request. By signing below, I authorize Laurel Women's Medical Group to release medical information necessary to bill my insurance and authorize payment of benefits directly to them. I will be responsible for the payment of these charges if not covered by my insurance plan as well as any co-pays and deductibles.

PATIENT INFORMATION

LAST NAME____FIRST NAME______________________________

Date of Birth___________________________

SIGNATURE____ Date: _______________________________

Relationship to child, if a minor is being vaccinated_______________________________________

Injection given by ____________________ 1 2 3 in the series

Site_______________________________ Lot #____________________________