

**TULSA PUBLIC SCHOOLS
HEALTH SERVICES DEPARTMENT**

**QUESTIONNAIRE
IMMUNIZATION CONTRAINDICATIONS**

Student's Name: _____ Date: _____

Name of person answering questions: _____

Relationship to student: _____

	<u>YES</u>	<u>NO</u>
1. Does your child have a fever today or had a fever of 100 or above in the past 2 days?	___	___
1a. Is your child sick with anything more than a cold?	___	___
2. Did your child take medicine today?	___	___
3. Does your child have any allergies to medicine or food?	___	___
3a. Does your child have any allergy to any of the following? If so, circle.	___	___
Bakers yeast		
Eggs		
Neomycin		
Streptomycin		
Thimerosal (mercury derivative)		
4. Has your child had any previous reaction to vaccines?	___	___
5. Does your child have a medical condition or take medications that would keep her/him from receiving immunizations?	___	___
6. Is anyone in the household receiving medications or have a medical condition that would keep your child from receiving immunizations?	___	___

(OVER)

	<u>YES</u>	<u>NO</u>
6a. Does your child have OR have close contact with anyone with:	—	—
Cancer		
Leukemia		
Chemotherapy		
Large doses of steroids		
HIV/AIDS		
7. Has your child received an immune globulin shot recently?	—	—
8. Has your child ever had a convulsion, seizure, or other brain disorder?	—	—
9. Could your child be pregnant at this time?	—	—
10. Does your child have a history of pneumococcal pneumonia?	—	—
11. Does your child now have or ever been paralyzed by Guillain Barre Syndrome (GBS)?	—	—
12. Does the child now have or has the child ever had thrombocytopenia or thrombocytopenia purpura?	—	—
13. Has your child had any shots within the last 3 months?	—	—
14. Has your child had any blood transfusion or any blood products within the last 3 months?	—	—
15. Has your child ever had chickenpox or vaccination?	—	—