

Adult Vaccination Pre-screening Questionnaire

Patient name:		Date of birth:	
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Pre-screening questions			
Stating <i>YES</i> or <i>UNSURE</i> may not prevent vaccination but will prompt discussion with your health practitioner			
1. Do you identify as an Aboriginal or Torres Strait Islander person?	YES	NO	UNSURE
2. Are you unwell today?	YES	NO	UNSURE
3. Do you have a disease which lowers immunity (e.g. leukaemia, cancer, HIV) or are you having treatment that lowers immunity (e.g. oral steroid medicines such as cortisone and prednisone, DMARDs, radiotherapy, chemotherapy)?	YES	NO	UNSURE
4. Have you had a severe reaction following any vaccine?	YES	NO	UNSURE
5. Do you have any severe allergies?	YES	NO	UNSURE
6. Have you had any vaccine in the past month?	YES	NO	UNSURE
7. Have you had an injection of immunoglobulin, or received any blood products or a whole-blood transfusion within the past year?	YES	NO	UNSURE
8. Are you pregnant?	YES	NO	UNSURE
9. Are you planning a pregnancy or anticipating parenthood?	YES	NO	UNSURE
10. Do you have a history of Guillain-Barre syndrome?	YES	NO	UNSURE
11. Do you have a severe or chronic illness?	YES	NO	UNSURE
12. Do you have a bleeding disorder?	YES	NO	UNSURE
13. Do you not have a functioning spleen?	YES	NO	UNSURE
14. Are you a parent, grandparent or carer of an infant ≤6 months of age?	YES	NO	UNSURE
15. Do you live with someone who has a disease that lowers immunity (e.g. leukaemia, cancer, HIV) or lives with someone having treatment that lowers immunity (e.g. oral steroid medicines such as cortisone and prednisone, DMARDs, radiotherapy, chemotherapy)?	YES	NO	UNSURE
16. Are you planning travel?	YES	NO	UNSURE
17. Do you have an occupation or lifestyle factor (s) for which vaccination may be needed?	YES	NO	UNSURE

Patient signature:		Date:	
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Disclaimer

This document captures the pre-screening guidance and responses to conditions or circumstances identified through the pre-screening questions extracted from the [Australian Immunisation Handbook](#) (the Handbook) and was accurate at the time of printing. Vaccination providers are encouraged to review the online Handbook to ensure they are accessing the latest vaccination advice.

This information has been collated to provide a readily available pre-screening questionnaire to encourage families and health practitioners to undertake a thorough pre-screening process prior to vaccination to enable appropriate health care can be provided. For further guidance, follow your practice's operational processes and seek additional guidance and information as required.

While the Australian Government helped fund this document, it has not reviewed the content and is not responsible for any injury, loss or damage however arising from the use of or reliance on the information provided herein.



