

# Immunization Screening Form

For those age 18 years and older

## Personal Information

Last name: \_\_\_\_\_ (Please Print) First name: \_\_\_\_\_ (Please print)

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Sask. Health Card #: \_\_\_\_\_  
Year/Month/Day

### Does the person being immunized have:

1. A history of severe reaction after any immunization?  Yes  No
2. Any severe allergies to vaccine ingredients, with the exception of eggs?  Yes  No

## SHR Employee Only

SHR Employee #: \_\_\_\_\_

Parklane Entered

Other:  SHR Physician  Saskatchewan Cancer Agency Employee

## Population and Public Health Office Use Only

### Seasonal Influenza Risk Factor (check one only)

	Risk #		Risk #
<input type="checkbox"/> SHR Health Care Worker	10	<input type="checkbox"/> Healthy – 18 – 64 years	20
<input type="checkbox"/> 65 years and older	1	<input type="checkbox"/> Medically at risk – 18 to 64 years	21
<input type="checkbox"/> Pregnant women	5		

## Influenza Vaccine

<b>Date:</b> _____ YYYY MM DD	<b>Lot #:</b> _____	<b>Site:</b> <input type="checkbox"/> RA <input type="checkbox"/> LA <input type="checkbox"/> RL <input type="checkbox"/> LL	<b>Clinic Location</b> _____  <b>Nurse's Initials:</b> _____
<input type="checkbox"/> Dose: 0.5 mL <b>Route:</b> IM	<input type="checkbox"/> FluLaval Tetra® <input type="checkbox"/> Fluzone® <input type="checkbox"/> Other _____		

## Pneumococcal 23 / Tdap Vaccine

<b>Due for:</b> <input type="checkbox"/> Pneumo 23	<b>Date:</b> _____ YYYY MM DD	<b>Lot #</b> _____	<b>Site:</b> <input type="checkbox"/> RA <input type="checkbox"/> LA	<b>Route:</b> <input type="checkbox"/> IM <input type="checkbox"/> SC <b>Dose:</b> 0.5 mL	<b>Clinic Location</b> _____  <b>Nurse Initials:</b> _____
<b>Due for:</b> <input type="checkbox"/> Tdap	<b>Date:</b> _____ YYYY MM DD	<b>Lot #</b> _____	<b>Site:</b> <input type="checkbox"/> RA <input type="checkbox"/> LA	<b>Route:</b> <input type="checkbox"/> IM <b>Dose:</b> 0.5 mL	<b>Panorama Entered:</b> <input type="checkbox"/>