

## Pregnancy Vaccine Questionnaire

Questionnaire	Vaccine today	Refuse vaccine (patient initials)	VIS given
1. Do you have allergies to Eggs ____ Yeast ____ Neomycin ____			
2. Have you had a flu shot this year? Yes _____ No _____			
3. Have you had a pneumonia shot? Yes _____ No _____			
4. When was your last tetanus or whooping cough shot? Year _____			
5. Have you had the 3-shot hepatitis B series? Yes _____ No _____			
6. Have you had the 2-shot hepatitis A vaccine? Yes _____ No _____			
7. (For women 19 years of age and younger) Have you received the meningitis vaccine? Yes _____ No _____			

Patient's signature \_\_\_\_\_

Patient's name (printed) \_\_\_\_\_

Date \_\_\_\_\_ Witness' signature \_\_\_\_\_

Witness' name (printed) \_\_\_\_\_