

Checklist for the shingles vaccine (Zostavax®)

The following questions will help us decide if you should have the shingles vaccine (Zostavax®) today. Answering “yes” to any question, does not necessarily mean you won’t be vaccinated. It means that we will need to ask some extra questions. If you do not understand a question, please ask your health professional to explain it.

Name:	Date of birth:
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Questions:	Yes	No	Unsure
Are you feeling well today, with no fever?			
Have you ever had a shingles vaccine? If so, when?			
Have you ever had shingles before? If so, when?			
Have you ever had a serious allergic reaction to any vaccine, or to gelatin or neomycin?			
Do you have or have you had cancer of any sort?			
Have you had any organ or bone marrow transplant or stem cell therapy?			
Have you had leukaemia or other blood or bleeding disorders?			
Do you have HIV/AIDS, or any other immune system problems?			
In the past 12 months have you taken any medications that could affect your immunity such as: <ul style="list-style-type: none"> • Oral steroids for asthma or COPD such as prednisone or other steroids? • Medications for the treatment of cancer? • Medications for the treatment of rheumatoid arthritis, multiple sclerosis, Crohn’s disease or ulcerative colitis, psoriasis, sarcoidosis, TB or polymyositis? 			
Have you ever been told you should not receive live vaccines?			
Are you taking any medications that are not prescribed at this practice?			
Are you taking any medication to prevent cold sores, herpes or shingles?			

Signing this form does not indicate informed consent. Your health professional will discuss the benefits, risks, vaccine responses and answer any questions you have about the vaccine prior to vaccination.

Form Completed By:

Date:

Form Reviewed By:

Date: