

Hepatitis A Vaccine Screening Form

VACCINATING FOR OUTBREAK PREVENTION AND RESPONSE

Contact information (person being vaccinated)

Last name: _____ First name: _____ Middle initial: _____
Street address: _____ City: _____ State: _____ ZIP code: _____
Phone number: _____ Date of birth: _____

Immunization information may be shared through the Minnesota Immunization Information Connection (MIIC) with other health care providers, schools, health departments, and others authorized under law to receive it. If you have any questions, please ask your health care provider. If you decide not to have this information shared with MIIC, please call 1-800-657-3970.

Health history

If you answer "yes" to any question, it does not always mean you will not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask to have it explained to you.

- Yes No Are you sick today?
 Yes No Do you have allergies to any medication or latex?
 Yes No Have you ever had a serious reaction after receiving a vaccination?

Agreement

I have read or have had explained to me the information on the "Vaccine Information Statement" about Hepatitis A vaccine. I have had a chance to ask questions which were answered to my satisfaction. I understand the benefits and risks of the vaccination as described. I request that the hepatitis A vaccine be given to me or to the person names above for whom I am authorized to make this request.

Signature of patient or legal guardian: _____ Date: _____

For clinic use only

Vaccine: VIS (7/20/2016) provided Post-exposure prophylaxis (PEP)
 GSK Merck
Administered by: _____ High-risk
Dose: 1.0mL 0.5mL _____ Staff
Lot #: _____ Date: _____ Administration:
Exp. Date: _____ Clinic site: _____ Left deltoid Right deltoid

HEPATITIS A VACCINE SCREENING FORM:
VACCINATING FOR OUTBREAK PREVENTION AND RESPONSE

Review answers to screening checklist for contraindications

1. Are you sick today?

- Persons with an acute febrile illness with moderate to severe symptoms, such as upper respiratory illness, sore throat, or malaise should not be vaccinated until their symptoms have improved.
- A mild illness such as, cold, does not contraindicate administration of the hepatitis A vaccine.
- There is no evidence that a mild illness with or without a fever reduces vaccine efficacy or increases vaccine adverse events.
- Do not withhold vaccination if a person is taking antibiotics.

Note: Having a chronic disease is not a contraindication to receiving a hepatitis A vaccine. In fact, the vaccine is recommended for people with chronic liver disease who may have more severe illness if they do become infected with hepatitis A virus.

2. Do you have allergies to any medication or latex?

- A history of anaphylactic reaction to any of the vaccine components is a contraindication to getting hepatitis A vaccine.
- An anaphylactic reaction to latex is a contraindication to vaccines that contain latex as a component or as part of the packaging (e.g., vial stoppers, prefilled syringe plungers, prefilled syringe caps). The tip caps of Havrix and Twinrix prefilled syringes contain natural rubber latex. The vial stopper, syringe plunger, and tip caps of Vaqta contain latex.
- A local reaction to a prior vaccine dose or vaccine component, including latex, is not a contraindication to a subsequent dose or vaccine containing that component.

3. Have you ever had a serious reaction after receiving a vaccination?

- History of anaphylactic reaction to a previous dose of hepatitis A vaccine or vaccine component is a contraindication for subsequent doses.

Vaccine Preventable Disease Section
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651-201-5414
www.health.state.mn.us/immunize

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To obtain this information in a different format, call: 651-201-5414. Printed on recycled paper.