



① Risk Assessment: Choose Vaccine(s) (Circle all that apply)

Pneumococcal Vaccine¹ (offer year round)

Influenza Vaccine² (September through March)

Vaccine indicated (if any of the following):

Vaccine indicated (if any of the following):

Patient is:

Patient is:

- 65 years of age or older;
- Resident of nursing home or chronic care facility regardless of age; **OR**

- 50 years of age or older
- Resident of nursing home or chronic care facility regardless of age; **OR**

Patient is age 19–64 and has any of the following **high-risk** conditions:

Adult or child that has any of the following **high-risk** conditions:

- Serious long-term health problem with chronic heart or lung disease (including asthma), diabetes mellitus, or kidney disease including nephrotic syndrome
- Compromised immunity such as: Hodgkin’s disease, leukemia, lymphoma, multiple myeloma, generalized malignancy, HIV infection or AIDS, organ or bone marrow transplant, treatment with long-term corticosteroids, cancer drugs, or radiation therapy
- Alcoholism, cirrhosis, or chronic liver disease
- Sickle cell anemia or prior splenectomy
- Cerebrospinal fluid leaks; **OR**

- Serious long-term health problem with chronic heart or lung disease (including asthma), diabetes mellitus, kidney disease, or anemia and other blood disorders
- Compromised immunity such as: Hodgkin’s disease, leukemia, lymphoma, multiple myeloma, generalized malignancy, HIV infection or AIDS, organ or bone marrow transplant, treatment with long-term corticosteroids, cancer drugs, or radiation therapy
- Children and adolescents (aged 6 months–18 years) who are receiving long-term aspirin therapy
- Women who will be past the 3rd month of pregnancy during the influenza season; **OR**

Patient uncertain about prior vaccination status or history unreliable and meets the above criteria (vaccination recommended—discuss with physician)

Patient uncertain about prior vaccination status or history unreliable and meets any of the above criteria (vaccination recommended—discuss with physician)

None of the above (**STOP the Assessment**)

None of the above (**STOP the Assessment**)

② Vaccination Status or Contraindications (Circle all that apply)

Pneumococcal vaccine not indicated (if any of the following):

Influenza vaccine not indicated (if any of the following):

- Previously immunized after age 65
- Previously immunized before age 65, but less than 5 years ago
- Reported allergy to vaccine component (Phenol, Sodium Chloride, Aluminum phosphate)
- Patient refuses

- Previously immunized this flu season
- Ever had a serious allergic reaction to eggs
- Previous serious reaction to influenza vaccine
- History of Guillain-Barre syndrome (discuss with physician)
- Patient refuses

Assessed by:

Date:

③ Vaccination Decision (Circle all that apply—both may be given at same time in different arms)

Pneumococcal vaccine indicated—no contraindications identified (year round)

Influenza vaccine indicated—no contraindications identified (September through March)

Give Pneumococcal vaccine (0.5 ml I.M.):

Give flu vaccine (0.5 ml I.M.):

Manufacturer: _____

Manufacturer: _____

Lot# _____ Exp. Date _____

Lot# _____ Exp. Date _____

Date given Time Site Nurse Signature

Date given Time Site Nurse Signature

¹ MMWR 1997;46(No. RR-8):1–24.

² MMWR 2002;51(No. RR-3):1–32.