

Screening Checklist for Contraindications to Vaccines for Children and Teens

PATIENT NAME _____

DATE OF BIRTH / /
month / day / year

For parents/guardians: The following questions will help us determine which vaccines your child may be given today. If you answer “yes” to any question, it does not necessarily mean your child should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

	yes	no	don't know
1. Is the child sick today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the child have allergies to medicine, food, a vaccine component, or latex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the child had a serious reaction to a vaccine in the past?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the child have a long-term health problem with heart, lung, kidney, or metabolic disease (e.g., diabetes), asthma, a blood disorder, a cochlear implant, or a spinal fluid leak? Is he/she on long-term aspirin therapy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. For children age 2 through 4 years: Has a healthcare provider told you that the child had wheezing or asthma in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. For babies: Have you ever been told that the child had intussusception?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Has the child, a sibling, or a parent had a seizure; has the child had a brain or other nervous system problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the child have an immune-system problem such as cancer, leukemia, HIV/AIDS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. In the past 6 months, has the child taken medications that affect the immune system such as prednisone, other steroids, or anticancer drugs; drugs to treat rheumatoid arthritis, Crohn's disease, or psoriasis; or had radiation treatments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Does the child's parent or sibling have an immune system problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. In the past year, has the child received immune (gamma) globulin, blood/blood products, or an antiviral drug?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Is the child/teen pregnant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Has the child received vaccinations in the past 4 weeks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Has the child ever felt dizzy or faint before, during, or after a shot?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Is the child anxious about getting a shot today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FORM COMPLETED BY _____ DATE _____

FORM REVIEWED BY _____ DATE _____

Did you bring your immunization record card with you? yes no

It is important to have a personal record of your child's vaccinations. If you don't have one, ask the child's healthcare provider to give you one with all your child's vaccinations on it. Keep it in a safe place and bring it with you every time you seek medical care for your child. Your child will need this document to enter day care or school, for employment, or for international travel.



Information for Healthcare Professionals about the Screening Checklist for Contraindications to Vaccines (Children and Teens)

Read the information below for help interpreting answers to the screening checklist. To learn even more, consult the references in **Note** below.

NOTE: For supporting documentation on the answers given below, see ACIP vaccine recommendations at www.cdc.gov/vaccines/hcp/acip-recs/index.html, CDC's "Child and Adolescent Immunization Schedule" at www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html that shows intervals between doses, and www.cdc.gov/vaccines/schedules/hcp/imz/catchup.html#appendix for vaccine contraindications and precautions.

1. Is the child sick today? [all vaccines]

There is no evidence that acute illness reduces vaccine effectiveness or safety. However, as a precaution, all vaccines should be delayed until moderate or severe acute illness has improved. Mild illnesses with or without fever (e.g., otitis media, "colds," and diarrhea) and antibiotic use are not contraindications to routine vaccination.

2. Does the child have allergies to medications, food, a vaccine component, or latex? [all vaccines]

Gelatin: If a person has anaphylaxis after eating gelatin, do not give vaccines containing gelatin. **Eggs:** In 2023, based upon a systematic review of current vaccine safety data, ACIP and CDC recommended that people with any type of egg allergy may receive any influenza vaccine (egg-based or non-egg-based) that is otherwise appropriate for their age and health status. Additional safety measures are no longer recommended for influenza vaccination beyond those recommended for receipt of any vaccine. **Latex:** An anaphylactic reaction to latex is a contraindication to vaccines with latex as part of the vaccine's packaging (e.g., vial stoppers, prefilled syringe plungers, prefilled syringe caps). For details on latex in vaccine packaging, refer to the package insert (listed at www.fda.gov/vaccines-blood-biologics/vaccines/vaccines-licensed-use-united-states). An injection-site reaction (e.g., soreness, redness, delayed-type 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. Has the child had a serious reaction to a vaccine in the past? [all vaccines]

- Anaphylaxis to a previous vaccine dose or vaccine component is a contraindication for subsequent doses of corresponding vaccines (see question 2).
- Usually, one defers vaccination when a precaution is present, unless the benefit outweighs the risk (e.g., during an outbreak).
- A history of encephalopathy within 7 days of DTP/DTaP is a contraindication for further doses of any pertussis-containing vaccine.
- Other "serious reactions" that this child experienced following vaccination might constitute contraindications or precautions to future doses. See the appendix on vaccine contraindications and precautions in the **Notes** section above.

4. Does the child have a long-term health problem with lung, heart, kidney, or metabolic disease (e.g., diabetes), asthma, a blood disorder, no spleen, complement component deficiency, a cochlear implant, or a spinal fluid leak? Is he/she on long-term aspirin therapy? [MMR, MMRV, LAIV, VAR]

LAIV is not recommended for people with cerebrospinal fluid (CSF) leak, anatomic or functional asplenia, cochlear implant, or who are on long-term aspirin therapy; give **IIV** or **RIV** instead. Underlying health conditions that increase the risk of influenza complications such as heart, lung, kidney, or metabolic disease (e.g., diabetes) and asthma in children age 5 years and older are precautions for **LAIV**. **MMR & MMRV:** A history of thrombocytopenia or thrombocytopenic purpura is a precaution to **MMR** and **MMRV**. **VAR:** Aspirin use is a precaution to **VAR** due to the association of aspirin use, wild type varicella infection, and Reye syndrome in children and adolescents.

5. For children age 2 through 4 years: Has a healthcare provider told you that the child had wheezing or asthma in the past 12 months? [LAIV]

Children ages 2 through 4 years who had a wheezing episode within the past 12 months should not get **LAIV**. Give **IIV** or **RIV** instead.

6. For babies: Have you ever been told the child had intussusception? [Rotavirus]

Infants who have a history of intussusception (i.e., the telescoping of one portion of the intestine into another) should **not** be given rotavirus vaccine.

7. Has the child, a sibling, or a parent had a seizure; has the child had a brain or other nervous system problem? [DTaP, Td, Tdap, IIV, LAIV, MMRV, RIV]

For patients with stable neurologic disorders (including seizures) unrelated to vaccination, or with a family history of seizures, vaccinate as usual (exception: children with a first degree relative [e.g., parent or sibling] or personal history of seizures generally should receive separate **MMR** and **VAR**, not **MMRV**). **Pertussis-containing vaccines:** **DTaP** and **Tdap** are contraindicated in children who have a history of encephalopathy within 7 days following **DTP/DTaP**. An unstable progressive neurologic problem is a precaution to using **DTaP** and **Tdap**. **A history of Guillain-Barré syndrome (GBS):** a) **Td/Tdap:** **GBS** within 6 weeks of a tetanus-toxoid vaccine is a precaution; if the decision is made to vaccinate, give **Tdap** instead of **Td**; b) all influenza vaccines: **GBS** within 6 weeks of an influenza vaccine is a precaution; influenza vaccination should generally be avoided unless the benefits outweigh the risks (e.g., for those at higher risk for influenza complications).

VACCINE ABBREVIATIONS

DTaP = Diphtheria, tetanus, & acellular pertussis vaccine
HPV = Human papillomavirus vaccine
IIV = Inactivated influenza vaccine
cIIV = cell culture inactivated influenza vaccine

IPV = Inactivated poliovirus vaccine
LAIV = Live attenuated influenza vaccine
MenB = Meningococcal B vaccine
MMR = Measles, mumps, and rubella vaccine

MMRV = MMR+VAR vaccine
RIV = Recombinant influenza vaccine
Td, Tdap = Tetanus, diphtheria, (acellular pertussis) vaccine
VAR = Varicella vaccine

NOTE: For more details, see "General Best Practice Guidelines: Contraindications and Precautions" (www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html). This checklist does not include COVID-19-specific vaccination screening questions. For this, see www.cdc.gov/vaccines/covid-19/downloads/pre-vaccination-screening-form.pdf.

8. Does the child have an immune-system problem, such as cancer, leukemia, HIV/AIDS? [LAIV, MMR, MMRV, Rotavirus, VAR]

Live virus vaccines, such as those listed above, are usually contraindicated in immunocompromised people with exceptions. For example, **MMR** is recommended for asymptomatic HIV-infected patients who do not have evidence of severe immunosuppression. **VAR** should be administered (if indicated) to people with isolated humoral immunodeficiency. **LAIV** is contraindicated in immunosuppressed people; give **IIV** or **RIV** instead. Infants with severe combined immunodeficiency (SCID) should not be given a live virus vaccine, including **rotavirus vaccine**, but other forms of immunosuppression are a precaution, not a contraindication, to rotavirus vaccine. See "General Best Practice Guidelines: Altered Immunocompetence" at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html.

9. In the past 6 months, has the child taken medications that affect the immune system such as prednisone, other steroids, or anticancer drugs; drugs for the treatment of rheumatoid arthritis, Crohn's disease, or psoriasis; or had radiation treatments? [LAIV, MMR, MMRV, VAR]

Live virus vaccines should be postponed until after chemotherapy or long-term high-dose steroid therapy has ended. See **Notes** above. Some immune mediator and modulator drugs (especially the antitumor-necrosis factors (TNF) adalimumab, infliximab, and etanercept) may be immune-suppressive. Avoid live virus vaccines in people taking immunosuppressive drugs. A list of these is in CDC's *Yellow Book* at www.cdc.gov/travel/yellowbook/2024/additional-considerations/immunocompromised-travelers. To find specific vaccination schedules for hematopoietic stem-cell transplant patients, see "General Best Practice Guidelines: Altered Immunocompetence" (www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html).

10. Does the child's parent or sibling have an immune system problem? [MMR, MMRV, VAR]

MMR, VAR, and MMRV vaccines should not be given to a patient with a family history of congenital or hereditary immunodeficiency in first-degree relatives (e.g., parents, siblings) unless the patient's immune competence has been clinically substantiated or verified by a laboratory.

11. In the past year, has the child received immune (gamma) globulin, blood/blood products, or an antiviral drug? [MMR, MMRV, LAIV, VAR]

Certain live virus vaccines (e.g., **MMR, MMRV, LAIV, VAR**) may need to be deferred, depending on several variables. See current ACIP recommendations (**Notes** above) for recommended intervals between receipt of live virus vaccines such as those listed above, and certain blood/blood products, immune (gamma) globulin, or an antiviral drug.

12. Is the child/teen pregnant? [HPV, IPV, LAIV, MenB, MMR, MMRV, VAR]

Live virus vaccines (e.g., **LAIV, MMR, MMRV, VAR**) are contraindicated during pregnancy because of the theoretical risk of virus transmission to the fetus. Sexually active people who could become pregnant and who receive a live virus vaccine should be instructed to avoid pregnancy for 1 month following vaccination. **IPV** and **MenB** should not be given except to those with an elevated risk of exposure during pregnancy. **HPV** vaccine is not recommended during pregnancy. **Injectable influenza vaccine, COVID-19 vaccine, and Tdap** are explicitly recommended during pregnancy.

13. Has the child received vaccinations in the past 4 weeks? [LAIV, MMR, MMRV, VAR, yellow fever]

Patients who received a live vaccine such as those listed above should wait 28 days before receiving another live virus vaccine (30 days for yellow fever vaccine). Inactivated vaccines may be given at the same time or at any spacing interval.

14. Has the child felt dizzy or faint before, during or after a shot?

Fainting (syncope) or dizziness (presyncope) is not a contraindication or precaution to vaccination. However, for some people these can be a response to vaccination anxiety. People in adolescent and young adult age groups are more likely to experience syncope. CDC recommends that vaccine providers consider observing all patients for 15 minutes after vaccination. This is especially important for people with a pattern of injection-related syncope. For more information, see www.immunize.org/catg.d/p4260.pdf.

15. Is the child anxious about getting a shot today?

Anxiety can lead to vaccine hesitancy or avoidance. Simple steps can ease a patient's anxiety about vaccination. Visit Immunize.org's "Addressing Vaccination Anxiety" clinical resources at www.immunize.org/handouts.