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| SCWHCA_1 | **Southern Connecticut Women’s Health Care Associates**  **247 Broad Street, Milford CT 06460**  **P. (203) 783-0543 – F. (203) 874-5728** | Miriam Sivkin, M.D. FACOG  Mary Murray, M.D. FACOG  Erika Schaeffer, M.D. |

**Pregnancy Vaccine Questionnaire**

Patient’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Today’s Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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| **Question** | | **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 season?  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 vaccine?  Yes: \_\_\_\_\_\_\_\_\_\_  No: \_\_\_\_\_\_\_\_\_\_ |  |  |  |
| 6 | Have you had the 2-shot hepatitis A vaccine?  Yes: \_\_\_\_\_\_\_\_\_\_  No: \_\_\_\_\_\_\_\_\_\_ |  |  |  |
| 7 | (For women 19 years old and younger) Have you had the meningitis vaccine?  Yes: \_\_\_\_\_\_\_\_\_\_  No: \_\_\_\_\_\_\_\_\_\_ |  |  |  |