Routine Immunization Screening Form: Pediatric

AUTHORITY: 10 U.S.C. 1071-1085, Medical and Dental Care; Army Regulation 40-562, Immunizations and Chemoprophylaxis for the Prevention of Infectious Disease; DoDM 6025.18, Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule in DoD Health Care Programs.

PURPOSE: To determine whether your child can safely receive a routine immunization.

ROUTINE USES: Use and disclosure of your child’s records outside of DoD may occur in accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a(b)). Collected information may be shared with entities including the Departments of Health and Human Services, Veterans Affairs, and other Federal, State, local, or foreign government agencies, or authorized private business entities. To appropriate agencies, entities, and persons when (1) the DoD suspects or has confirmed that there has been a breach of the system of records; (2) the DoD has determined that as a result of the suspected or confirmed breach there is a risk of harm to individuals, the DoD (including its information systems, programs, and operations), the Federal Government, or national security; and (3) the disclosure made to such agencies, entities, and persons is reasonably necessary to assist in connection with the DoD’s efforts to respond to the suspected or confirmed breach or to prevent, minimize, or remedy such harm.


DISCLOSURE: Voluntary. If you choose not to provide the requested information, no penalty may be imposed; however, failure to provide the information may result in delays in assessing contraindications for receiving vaccinations.

Patient name: DOB (YYYYMMDD):

Screening Checklist for Contraindications to Vaccines for Children and Teens

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.

1. Is the child sick today?

2. Has the child had a serious reaction after receiving a vaccination?

3. Does the child have allergies to medication, food, a vaccine component, or latex?

4. Has the child, a sibling, or a parent had a seizure; has the child had brain or other nervous system problems?

5. Has the child had a health problem involving heart, lung (e.g. asthma), kidney, or metabolic disease (e.g., diabetes), anemia, or other blood disorder? Is he/she on long-term aspirin therapy?

6. Does the child have cancer, leukemia, HIV/AIDS, or does the child or family members (parents or siblings) have an immune system problem?

7. In the past 3 months, has the child taken medications that weaken his/her immune system, such as prednisone or other steroids; anticancer drugs; biologic drugs for autoimmune diseases such as rheumatoid arthritis, Crohn’s disease, or psoriasis; or had radiation treatments?

8. In the past year, has the child received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug?

9. If your child is a baby, have you ever been told he/she has had intussusception?

10. If the child to be vaccinated is 2 through 4 years of age, has a healthcare provider told you that the child had wheezing or asthma in the past 12 months?

11. Has the child had (or is a candidate for) his/her spleen removed, or do they have sickle cell anemia?

12. Has the child ever passed out (had vasovagal syncope) during or after a previous immunization or blood draw?

13. Has the child received any vaccinations in the past 4 weeks?

14. Is the child/teen pregnant or is there a chance she could become pregnant during the next month?

Please list any medications the child is currently taking:

Form completed by: Date (YYYYMMDD):

Form reviewed by: Date (YYYYMMDD):

Did you bring your immunization record/card with you? Yes ☐ No ☐

It is important for you to have a personal record of your vaccinations. If you don’t have a personal record, ask your healthcare provider to give you one. Keep this record in a safe place and bring it with you every time you seek medical care. Make sure your healthcare provider records all your vaccinations on it. For questions or concerns regarding immunizations, providers, nurses and patients may call the DHA Immunization Healthcare Support Center 24/7 at 1-877-438-8222, Option 1.

DD FORM 3110, MARCH 2020 1-22

(Note: The form above is an example. The fillable, signable forms are available for individual download at the Official DoD Website for DoD Forms.)
In the past 3 months, has the child ever had a serious reaction after receiving a vaccination? [all vaccines]

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

In the past year, has the child ever had a serious reaction involving any symptom other than hives (e.g., angioedema, respiratory distress) following exposure to egg involving any symptom other than hives (e.g., angioedema, respiratory distress)? [all vaccines]

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

In the past year, has the child ever had a serious reaction involving any symptom other than hives (e.g., angioedema, respiratory distress) following exposure to egg involving any symptom other than hives (e.g., angioedema, respiratory distress)? [all vaccines]

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

In the past year, has the child ever had a serious reaction involving any symptom other than hives (e.g., angioedema, respiratory distress) following exposure to egg involving any symptom other than hives (e.g., angioedema, respiratory distress)? [all vaccines]

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

In the past year, has the child ever had a serious reaction involving any symptom other than hives (e.g., angioedema, respiratory distress) following exposure to egg involving any symptom other than hives (e.g., angioedema, respiratory distress)? [all vaccines]

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

In the past year, has the child ever had a serious reaction involving any symptom other than hives (e.g., angioedema, respiratory distress) following exposure to egg involving any symptom other than hives (e.g., angioedema, respiratory distress)? [all vaccines]

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

In the past year, has the child ever had a serious reaction involving any symptom other than hives (e.g., angioedema, respiratory distress) following exposure to egg involving any symptom other than hives (e.g., angioedema, respiratory distress)? [all vaccines]

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

In the past year, has the child ever had a serious reaction involving any symptom other than hives (e.g., angioedema, respiratory distress) following exposure to egg involving any symptom other than hives (e.g., angioedema, respiratory distress)? [all vaccines]

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

In the past year, has the child ever had a serious reaction involving any symptom other than hives (e.g., angioedema, respiratory distress) following exposure to egg involving any symptom other than hives (e.g., angioedema, respiratory distress)? [all vaccines]

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

In the past year, has the child ever had a serious reaction involving any symptom other than hives (e.g., angioedema, respiratory distress) following exposure to egg involving any symptom other than hives (e.g., angioedema, respiratory distress)? [all vaccines]

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

In the past year, has the child ever had a serious reaction involving any symptom other than hives (e.g., angioedema, respiratory distress) following exposure to egg involving any symptom other than hives (e.g., angioedema, respiratory distress)? [all vaccines]

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

In the past year, has the child ever had a serious reaction involving any symptom other than hives (e.g., angioedema, respiratory distress) following exposure to egg involving any symptom other than hives (e.g., angioedema, respiratory distress)? [all vaccines]

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

In the past year, has the child ever had a serious reaction involving any symptom other than hives (e.g., angioedema, respiratory distress) following exposure to egg involving any symptom other than hives (e.g., angioedema, respiratory distress)? [all vaccines]

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

In the past year, has the child ever had a serious reaction involving any symptom other than hives (e.g., angioedema, respiratory distress) following exposure to egg involving any symptom other than hives (e.g., angioedema, respiratory distress)? [all vaccines]

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

In the past year, has the child ever had a serious reaction involving any symptom other than hives (e.g., angioedema, respiratory distress) following exposure to egg involving any symptom other than hives (e...</p>