

Are you fully protected? Adults need vaccines too.

Many adults are behind on their vaccinations, putting them and their loved ones at risk for several serious illnesses. This questionnaire will help you and your healthcare provider decide if you should consider getting any adult vaccines.

Please check the boxes that apply to you and then show this to your healthcare provider when you talk about which vaccines may be recommended for you:

Tdap – Tetanus, Diphtheria, and Pertussis (Whooping cough)

- I am 19-64 years old, and I have not received a Tdap before.
- It has been 10 or more years since I have received a Td (tetanus and diphtheria) shot.
- I have or will have close contact with a child younger than 12 months of age (e.g., grandparent, parent, childcare worker).
- I am a healthcare worker who has direct patient contact.

Pneumococcal (Pneumonia)

- I am age 65 or older.
- I am younger than 65 years, I have not received a pneumonia shot, and at least one of the following applies to me:
 - I smoke.
 - I have asthma, chronic lung disease, emphysema, or COPD.
 - I have a chronic illness, such as heart disease, diabetes, liver disease, kidney disease or failure.
 - I have a weakened immune system due to cancer, chemotherapy, HIV/AIDS, or other condition.
 - I have sickle cell disease or my spleen is not working or has been removed.
 - I have persistent complement component deficiency.
 - I have a cochlear implant.
 - I have a cerebrospinal fluid (CSF) leak.
- I live in a nursing home or long-term care facility.

Shingles

- I am age 60 years or older, and I have not had a shingles shot.

Hepatitis A

- I want to be protected against hepatitis A infection.
- I have gotten hepatitis A vaccine in the past, but I do not remember how many shots.
- I am in one of the following groups:
 - I have chronic liver disease (including cirrhosis and hepatitis C).
 - I travel internationally.
 - I have a clotting factor disorder.
 - I am a man who has sex with men or the female partner of a man having sex with men.
 - I use street drugs.
 - I work with hepatitis A in a research lab or with hepatitis A infected primates.
 - I have been diagnosed with HIV.
 - I engage in practices that could allow fecal-oral transmission of disease, such as oral sex.

Hepatitis B

- I want to be protected against hepatitis B infection.
- I have gotten hepatitis B vaccine in the past, but I do not remember how many shots.
- I am in one of the following groups:
 - I have type I or type II diabetes.
 - I have chronic liver disease.
 - I have end-stage kidney disease and am on or will be on dialysis.
 - I work in a job where I may be exposed to blood or other bodily fluids (e.g., healthcare, public safety, institution for developmentally disabled).
 - I am planning to travel internationally.
 - I am in close contact with someone who is infected with hepatitis B virus.
 - I am a man who has sex with men.
 - I have had more than one sexual partner in a 6 month period.
 - I have been diagnosed with HIV.
 - I am seeking treatment for or have been diagnosed with a sexually transmitted disease.
 - I inject street drugs.
 - I am homeless.
 - I am seeking family planning services.

Human Papillomavirus

- I am age 26 years or younger, and I have not completed a series of HPV shots.

Meningococcal (Meningitis)

- I travel internationally.
- I have sickle cell disease or my spleen is not working or has been removed.
- I have persistent complement component deficiency.
- I am a first year college student under age 22 who will be living in a dorm.

MMR – Measles, Mumps, and Rubella

- I was born in 1957 or later and have received fewer than two MMR shots.
- I am a woman thinking about future pregnancy, and I do not know if I am immune to rubella.
- I am a healthcare worker, I do not have a history of measles or mumps disease, and I have only had one dose of MMR vaccine.

Varicella (Chickenpox)

- I was born in 1980 or later and have never had or do not know if I have had chickenpox or the vaccine.
- I was born before 1980 and am either a healthcare worker or foreign born, and I am not sure if I have had chickenpox or not.
- I may become pregnant and do not know if I have had chickenpox or the vaccine.

Influenza (Flu)

- I am older than six months of age and I have not had a flu shot this flu season.

If you checked any of the boxes on this questionnaire, then you may need one or more adult vaccines to help make you fully protected against these vaccine preventable diseases.
Please show this to your healthcare provider to find out what is right for you.