

## Adult Health Risk Profile

Name: \_\_\_\_\_ Date of Birth/Age: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_ MR# or SS#: \_\_\_\_\_  
 Ethnicity: \_\_\_\_\_ Medications: \_\_\_\_\_ Old Records: \_\_\_\_\_  
 Allergies: \_\_\_\_\_ Smoker: \_\_\_\_\_ ETS: \_\_\_\_\_ Date: \_\_\_\_\_

| Screening                       | Annual Assessment of Risk Factors   | Counseling Provided |
|---------------------------------|---|---------------------|
| 1. Vaccine-preventable diseases | Needs the following immunizations:<br>___ Td booster—≥10 yr since last booster<br>___ Date of last Td _____<br>___ Hepatitis B—at increased risk<br>___ Varicella—nonimmune adults<br>___ Rubella—nonimmune females of childbearing age and health care workers without evidence of immunity or prior immunization<br>___ Hepatitis A—at high risk<br>___ Influenza—≥65 yr or high risk<br>___ Pneumococcal—≥65 yr or high risk |                     |
| 2. Blood pressure (BP)          | ___ Weight<br>___ BP<br>___ Does not exercise 30 minutes most days of week<br>___ First-degree family history of high blood pressure or personal history of hypertension<br>___ Diabetes mellitus   |                     |
| 3. Height/weight                | ___ Above healthy weight range for height <b>OR</b><br>___ BMI >25. Formula for calculating BMI is $\frac{\text{Weight (kg)}}{\text{Height (m)}^2}$   |                     |

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Adult Health Risk Profile (cont.)

| Screening   | Annual Assessment of Risk Factors   | Counseling Provided |
|---|---|---------------------|
| 4. Cholesterol  | <p>___ In males <math>\geq 35</math> yr and females <math>\geq 45</math> yr</p> <p>___ &gt; 1 yr since previous abnormal test</p> <p>___ Diabetes mellitus</p> <p>___ Family history of cardiovascular disease &lt; 50 yr in male relatives, &lt; 60 yr in female relatives</p> <p>___ Family history suggestive of familial hyperlipidemia</p> <p>___ Multiple coronary heart disease risk factors (e.g., tobacco use, hypertension)</p> |                     |
| 5. Pap smear  | <p>___ Is or has been sexually active</p> <p>___ &gt; 3 yr since last Pap smear</p> <p>___ Abnormal</p> <p>___ Date</p>   |                     |
| 6. Mammogram  | <p>___ <math>\geq 50</math> yr and has not had a mammogram within the past 1–2 yr</p> <p>___ Family history of breast cancer</p>  |                     |
| 7. Fecal occult blood test (FOBT) and/or flexible sigmoidoscopy | <p>___ <math>\geq 50</math> yr and &gt; 5 yr since last FOBT and/or sigmoidoscopy</p> <p>___ Family members who have a positive history of cancer of colon, intestine, breast, ovaries, or uterus</p> <p>___ History of polyps</p>  |                     |
| 8. Problem drinking   | <p>___ Drinks &gt; 2 drinks/day (men) OR &gt; 1 drink/day (women)</p>   |                     |
| 9. Vision   | <p>___ If &gt; 65 yr, does not see an eye doctor for regular eye exams</p> <p>___ Glaucoma</p> <p>___ Diabetes mellitus</p> <p>___ Wears glasses</p> <p>___ Family history of glaucoma</p>  |                     |
| 10. Hearing   | <p>___ &gt; 65 yr strains to hear a normal conversation</p> <p>___ Turns up volume on TV and radio so loud that others complain</p>   |                     |

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Adult Health Risk Profile (cont.)

| Screening  | Annual Assessment of Risk Factors  | Counseling Provided        |
|--|--|----------------------------|
| 11. Chlamydial infection                             | <input type="checkbox"/> Is sexually active and ≤25 yr<br><input type="checkbox"/> Prior history of STD<br><input type="checkbox"/> New or multiple sex partners<br><input type="checkbox"/> Had cervical ectopy<br><input type="checkbox"/> Uses barrier contraceptives inconsistently  |                            |
| <b>For Persons at High Risk</b>                      | <b>Annual Assessment of Risk Factors</b>   | <b>Counseling Provided</b> |
| 12. STD/HIV  | <input type="checkbox"/> Contraception<br><input type="checkbox"/> Has or has had any one of the following risk factors:<br>Previous STD, multiple sex partners, or shared needles   |                            |
| 13. Tuberculosis (TB) infection                      | <input type="checkbox"/> Close contact with a person who has active TB<br><input type="checkbox"/> Occupational high risk (health care, correctional, residential, etc.)<br><input type="checkbox"/> Lived in endemic area in the past year (SE Asia, Africa, Latin America)<br><input type="checkbox"/> Medical risk factors (e.g., diabetes, HIV, alcoholism)<br><input type="checkbox"/> PPD status<br><input type="checkbox"/> INH |                            |
| <b>Counseling</b>                                    | <b>Annual Assessment of Risk Factors</b>   | <b>Counseling Provided</b> |
| 14. Aspirin for prevention of coronary heart disease | <input type="checkbox"/> At risk for coronary heart disease  |                            |
| 15. Tobacco use                                      | <input type="checkbox"/> Currently smokes cigarettes, cigars, or pipes or uses smokeless tobacco<br><input type="checkbox"/> Is exposed to tobacco smoke regularly<br><input type="checkbox"/> Number of packs per day<br><input type="checkbox"/> Carcinoma<br><input type="checkbox"/> Coronary artery disease   |                            |

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Adult Health Risk Profile (cont.)

| Counseling            | Annual Assessment of Risk Factors  | Counseling Provided |
|-----------------------|--|---------------------|
| 16. Alcohol/drug use  | <input type="checkbox"/> Long-term use of certain prescription drugs<br><input type="checkbox"/> Has had medical/social problems related to alcohol or drug use<br><input type="checkbox"/> Uses or has used "street drugs"  |                     |
| 17. Nutrition         | <input type="checkbox"/> Does not limit intake of fat and cholesterol, maintain caloric balance in diet, or eat foods containing fiber   |                     |
| 18. Physical activity | <input type="checkbox"/> Does not exercise 30 minutes most days  |                     |
| 19. Oral health       | <input type="checkbox"/> Poor dental hygiene (e.g., does not brush with a fluoride toothpaste and floss daily)<br><input type="checkbox"/> Does not see a dentist regularly<br><input type="checkbox"/> Smokes or chews tobacco and/or drinks alcohol  |                     |
| 20. Sun exposure      | <input type="checkbox"/> Immunosuppression<br><input type="checkbox"/> Family history of skin cancer<br><input type="checkbox"/> Freckles and poor tanning ability<br><input type="checkbox"/> Light skin, hair, and eye color   |                     |
| 21. Injury prevention | <input type="checkbox"/> Does not use seatbelts when in a motor vehicle<br><input type="checkbox"/> Does not use a helmet when on a bike/motorcycle<br><input type="checkbox"/> Drinks alcohol and drives, or rides with someone who does<br><input type="checkbox"/> Medicines, chemicals/poisons, or firearms are accessible to children<br><input type="checkbox"/> Does not have working smoke detectors in the home<br><input type="checkbox"/> At risk for battering or abuse (emotional, verbal, or physical) |                     |
| 22. STD/HIV           | <input type="checkbox"/> Contraception<br><input type="checkbox"/> Previous STD, multiple sex partners, or shared needles  |                     |

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Adult Health Risk Profile (cont.)

| Counseling                            | Annual Assessment of Risk Factors  | Counseling Provided |
|---------------------------------------|--|---------------------|
| 23. Unintended pregnancy              | <input type="checkbox"/> Sexually active male or sexually active female of childbearing age<br><input type="checkbox"/> Does not desire a pregnancy/is not using a reliable birth control method   |                     |
| 24. Multivitamin with folic acid      | <input type="checkbox"/> Sexually active female of childbearing age  |                     |
| 25. Osteoporosis                      | <input type="checkbox"/> Does not do weight-bearing exercises<br><input type="checkbox"/> Does not get adequate calcium<br><input type="checkbox"/> Low body weight<br><input type="checkbox"/> Caucasian female<br><input type="checkbox"/> Hormone replacement therapy (HRT)<br><input type="checkbox"/> Menopause at <40 yr |                     |
| 26. Hormone replacement therapy (HRT) | <input type="checkbox"/> Perimenopausal or postmenopausal woman  |                     |

Notes/Instructions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Reviewed by clinician: \_\_\_\_\_ Date: \_\_\_\_\_

Note: Information is based on U.S. Preventive Services Task Force recommendations.  
 ETS = environmental tobacco smoke; Td = tetanus-diphtheria; BMI = body mass index; STD = sexually transmitted disease; HIV = human immunodeficiency virus; PPD = tuberculin purified protein derivative; INH = isoniazid.



## Child and Adolescent Health Risk Profile

Name: \_\_\_\_\_ Date of Birth/Age: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_ MR# or SS#: \_\_\_\_\_  
 Ethnicity: \_\_\_\_\_ Medications: \_\_\_\_\_ Old Records: \_\_\_\_\_  
 Allergies: \_\_\_\_\_ Smoker: \_\_\_\_\_ ETS: \_\_\_\_\_ Date: \_\_\_\_\_

| Screening                                    | Annual Assessment of Risk Factors  | Counseling Provided |
|--|--|---------------------|
| 1. Height/weight                             | <input type="checkbox"/> Above or below healthy weight range for height<br><input type="checkbox"/> Screen during office visits  |                     |
| 2. Blood pressure                            | <input type="checkbox"/> Screen at approximately 3-4 yr<br><input type="checkbox"/> Eyes turning inward or outward<br><input type="checkbox"/> Squinting<br><input type="checkbox"/> Headaches<br><input type="checkbox"/> Not doing as well in school as before<br><input type="checkbox"/> Blurred or double vision  |                     |
| 3. Vision                                    | <input type="checkbox"/> Screening tests done in first 7 days after delivery<br><input type="checkbox"/> Records from hospital should be in chart  |                     |
| 4-6. PKU, hemoglobinopathies, hypothyroidism | <input type="checkbox"/> Family history of hereditary childhood sensorineural hearing loss<br><input type="checkbox"/> Congenital perinatal infection with herpes<br><input type="checkbox"/> Perinatal infection with herpes, syphilis, rubella, cytomegalovirus, or toxoplasmosis<br><input type="checkbox"/> Malformations involving head or neck<br><input type="checkbox"/> Birth weight below 1500 g<br><input type="checkbox"/> Bacterial meningitis<br><input type="checkbox"/> Hyperbilirubinemia requiring exchange transfusion<br><input type="checkbox"/> Severe perinatal asphyxia<br><input type="checkbox"/> Ototoxic medications |                     |
| 7. Hearing                                   |  |                     |

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Child and Adolescent Health Risk Profile (cont.)

| Screening  | Annual Assessment of Risk Factors   | Counseling Provided |
|--|---|---------------------|
| 8. Anemia<br>(for those at high risk)                | <input type="checkbox"/> Lives in poverty<br><input type="checkbox"/> Black, Native American, or Alaska Native<br><input type="checkbox"/> Immigrant from developing country<br><input type="checkbox"/> Preterm and low birth weight infant<br><input type="checkbox"/> Drinks primarily unfortified cow's milk  |                     |
| 9. Cholesterol<br>(for those at high risk)           | <input type="checkbox"/> Has a parent who has high cholesterol<br><input type="checkbox"/> Has a parent or grandparent who died suddenly or had heart disease before age 55<br><input type="checkbox"/> Child is obese<br><input type="checkbox"/> Has high blood pressure  |                     |
| 10. Lead<br>(for those at high risk)                 | <input type="checkbox"/> Lived in or regularly visited a house built before 1950<br><input type="checkbox"/> Lived in or regularly visited a house built before 1978 with recent, ongoing, or planned renovation or remodeling<br><input type="checkbox"/> Had a brother or sister, housemate, or playmate followed or treated for lead poisoning<br><input type="checkbox"/> Is anemic |                     |
| 11. Tuberculin skin test<br>(for those at high risk) | <input type="checkbox"/> Close contact with a person who has active tuberculosis<br><input type="checkbox"/> Occupational high risk (health care, correctional, residential, etc.)<br><input type="checkbox"/> Lived in endemic area in the past year (SE Asia, Africa, Latin America)<br><input type="checkbox"/> Medical risk factors (e.g., diabetes, HIV, alcoholism)               |                     |
| 12. HIV test<br>(for those at high risk)             | <input type="checkbox"/> High-risk mother and antibody status of mother is unknown<br><input type="checkbox"/> Inconsistent and incorrect use of barrier contraceptives<br><input type="checkbox"/> Has or has had any one of the following risk factors:<br>previous STD, multiple sex partners, or shared needles.  |                     |
| 13. Chlamydia  | <input type="checkbox"/> Is sexually active and ≤25 yr  |                     |
| 14. Pap smear  | <input type="checkbox"/> Is sexually active and has been over 3 yr since last test  |                     |

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Child and Adolescent Health Risk Profile (cont.)

| Counseling            | Annual Assessment of Risk Factors   | Counseling Provided |
|-----------------------|---|---------------------|
| 15. Sleep position    | <ul style="list-style-type: none"> <li>___ Places baby on stomach</li> </ul>  |                     |
| 16. Injury prevention | <ul style="list-style-type: none"> <li>___ Does not use child safety car seats/booster seats</li> <li>___ Does not use lap/shoulder belts</li> <li>___ Does not use a bicycle helmet</li> <li>___ Does not have hot-water heater temperature &lt;120–130°F</li> <li>___ Medicines, chemicals/poisons, or firearms are accessible to children</li> <li>___ Does not have window/stair guards or a pool fence</li> <li>___ Does not have syrup of ipecac or the poison control phone number</li> <li>___ Does not have working smoke detectors in the home</li> </ul> |                     |
| 17. Nutrition         | <ul style="list-style-type: none"> <li>___ Mother does not breast-feed</li> <li>___ Does not limit intake of fat and cholesterol, maintain calorie balance in diet, or eat foods containing fiber</li> <li>___ Inadequate calcium intake for teen girls</li> </ul>  |                     |
| 18. Physical activity | <ul style="list-style-type: none"> <li>___ Does not get 30 minutes of physical activity most days</li> </ul>  |                     |
| 19. Oral health       | <ul style="list-style-type: none"> <li>___ Poor dental hygiene (e.g., does not brush with a fluoride toothpaste and floss daily)</li> <li>___ Does not see a dentist regularly</li> <li>___ Smokes or chews tobacco and/or drinks alcohol</li> </ul>  |                     |
| 20. Sun exposure      | <ul style="list-style-type: none"> <li>___ Immunosuppression</li> <li>___ Family history of skin cancer</li> <li>___ Freckles and poor tanning ability</li> <li>___ Light skin, hair, and eye color</li> </ul>  |                     |
| 21. Tobacco use       | <ul style="list-style-type: none"> <li>___ Currently smokes cigarettes, cigars, or pipes or uses smokeless tobacco</li> <li>___ Lives with an adult who smokes inside the home</li> </ul>   |                     |

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Child and Adolescent Health Risk Profile (cont.)

| Counseling                        | Annual Assessment of Risk Factors   | Counseling Provided |
|-----------------------------------|---|---------------------|
| 22. Alcohol/drug use              | ___ Drinks more than 2 drinks/day (men) or 1 drink/day (women)<br>(quantity _____ frequency _____)<br>___ Uses or has used "street drugs"<br>___ Has had medical and/or social problems related to alcohol or drug use              |                     |
| 23. Unintended pregnancy/STDs/HIV | ___ Sexually active male or sexually active female of childbearing age<br>___ Does not desire a pregnancy/is not using a reliable birth control method<br>___ Has or has had previous STD, multiple sex partners, or shared needles |                     |
| 24. Multivitamin with folic acid  | ___ Sexually active female of childbearing age  |                     |

Notes/Instructions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by clinician: \_\_\_\_\_ Date: \_\_\_\_\_

Information based on U.S. Preventive Services Task Force recommendations.  
 ETS = environmental tobacco smoke; PKU = phenylketonuria; HIV = human immunodeficiency virus; STD = sexually transmitted disease.

## Adult Preventive Care Flow Sheet

Name: \_\_\_\_\_ Date of Birth/Age: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_ MR# or SS#: \_\_\_\_\_  
 Ethnicity: \_\_\_\_\_ Medications: \_\_\_\_\_ Old Records: \_\_\_\_\_  
 Allergies: \_\_\_\_\_ Smoker: \_\_\_\_\_ ETS: \_\_\_\_\_ Date: \_\_\_\_\_

| 1. Immunizations     | Frequency   | I.D. | Date/Site/Sig. | Date/Site/Sig. | Date/Site/Sig. | Date/Site/Sig. |
|----------------------|---|------|----------------|----------------|----------------|----------------|
| Tetanus—diphtheria   | q 10 yr   |      |                |                |                |                |
| Hepatitis B          | Adults at increased risk—<br>3-dose series  |      |                |                |                |                |
| Varicella            | Nonimmune adults<br>2 doses delivered 4–8<br>wk apart   |      |                |                |                |                |
| Rubella              | Women of childbearing<br>age and health care<br>workers without evidence<br>of immunity or prior<br>immunization—1 dose |      |                |                |                |                |
| Hepatitis A          | At high risk  |      |                |                |                |                |
| Influenza vaccine    | q 1 yr ≥65 yr or at<br>increased risk   |      |                |                |                |                |
| Pneumococcal vaccine | Once ≥65 yr or at<br>increased risk   |      |                |                |                |                |

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Adult Preventive Care Flow Sheet (cont.)

| Referrals<br>(As indicated) | Date | Result |
|-----------------------------|------|--------|
| Diabetes education          |      |        |
| Nutrition education         |      |        |
| Tobacco cessation program   |      |        |
| Dental examination          |      |        |
| Eye exam/glaucoma           |      |        |

Note: Screening tests/exams and counseling based on U.S. Preventive Services Task Force recommendations.

ETS = environmental tobacco smoke; HDL = high-density lipoprotein; STD = sexually transmitted disease; HIV = human immunodeficiency virus; TB = tuberculosis; PPD = tuberculin purified protein derivative; CHD = coronary heart disease.

## Child and Adolescent Preventive Care Flow Sheet

Name: \_\_\_\_\_ Date of Birth/Age: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_ MR# or SS#: \_\_\_\_\_  
 Ethnicity: \_\_\_\_\_ Medications: \_\_\_\_\_ Old Records: \_\_\_\_\_  
 Allergies: \_\_\_\_\_ Smoker: \_\_\_\_\_ ETS: \_\_\_\_\_ Date: \_\_\_\_\_

| Screening Test/Exam               | Frequency | Date<br>Age | N, Results Normal    A, Results Abnormal    R, Refused    P, Pending |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------------------|-----------|-------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|                                   |           |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Height/weight                  |           |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2. Blood pressure                 |           |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3. Vision                         | At 3-4 yr |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4. PKU                            | Newborn   |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5. Sickle cell hemoglobinopathies | Newborn   |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6. Hypothyroidism                 | Newborn   |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>High Risk</b>                  |           |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7. Hearing                        |           |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8. Anemia                         |           |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9. Cholesterol                    |           |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10. Lead                          | 12 mo     |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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Child and Adolescent Preventive Care Flow Sheet (cont.)

| Screening Test/Exam                               | Frequency       | Date | N, Results Normal |  |  |  |  |  | A, Results Abnormal | R, Refused | P, Pending |
|---|-----------------|------|-------------------|--|--|--|--|--|---------------------|------------|------------|
|   |                 | Age  |                   |  |  |  |  |  |                     |            |            |
| <b>High Risk</b>                                  |                 |      |                   |  |  |  |  |  |                     |            |            |
| 11. Tuberculin skin test                          |                 |      |                   |  |  |  |  |  |                     |            |            |
| 12. HIV test                                      |                 |      |                   |  |  |  |  |  |                     |            |            |
| <b>For Sexually Active Females</b>                |                 |      |                   |  |  |  |  |  |                     |            |            |
| 13. Chlamydia                                     | Sexually active |      |                   |  |  |  |  |  |                     |            |            |
| 14. Pap smear                                     | Sexually active |      |                   |  |  |  |  |  |                     |            |            |
| <b>Counseling</b>                                 |                 |      |                   |  |  |  |  |  |                     |            |            |
| 15. Sleep position                                |                 |      |                   |  |  |  |  |  |                     |            |            |
| 16. Injury prevention including car seat/seatbelt |                 |      |                   |  |  |  |  |  |                     |            |            |
| 17. Nutrition including calcium                   |                 |      |                   |  |  |  |  |  |                     |            |            |
| 18. Physical activity                             |                 |      |                   |  |  |  |  |  |                     |            |            |
| 19. Oral health including fluoride                |                 |      |                   |  |  |  |  |  |                     |            |            |
| 20. Sun exposure                                  |                 |      |                   |  |  |  |  |  |                     |            |            |
| 21. Tobacco use                                   |                 |      |                   |  |  |  |  |  |                     |            |            |
| 22. Alcohol/drug use                              |                 |      |                   |  |  |  |  |  |                     |            |            |

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Child and Adolescent Preventive Care Flow Sheet (cont.)

| Counseling                        | Frequency   | Date          | N, Results Normal    A, Results Abnormal    R, Refused    P, Pending |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------------------|-------------|---------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|                                   |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 23. Unintended/pregnancy/STDs/HIV |             | Age           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 24. Multivitamin with folic acid  | Females     |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Referrals (as indicated)</b>   | <b>Date</b> | <b>Result</b> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Hearing examination               |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dental examination                |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Mental health counseling          |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Substance abuse counseling        |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Note: Screening tests/exams and counseling based on U.S. Preventive Services Task Force recommendations. ETS = environmental tobacco smoke; HIV = human immunodeficiency virus; STD = sexually transmitted disease.



# Child Immunization Flow Sheet<sup>1</sup>

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ No. \_\_\_\_\_

| Disease(s)                                       | Vaccine Type          | Vaccine Name | Recommended Age                              | Date Given | Age Given | Manufacturer | Lot Number | Site | Signature of Person Giving Vaccine | Handout Pub. Date | Signature of Parent or Guardian in Response to Informed Consent Statement (below) |
|--|-----------------------|--------------|--|------------|-----------|--------------|------------|------|------------------------------------|-------------------|---|
| Hepatitis B <sup>2</sup>                         | HBV #1                |              | Birth-2 mo or as soon thereafter as possible |            |           |              |            |      |                                    |                   |   |
|  | HBV #2                |              | 1-4 mo or as soon thereafter as possible     |            |           |              |            |      |                                    |                   |   |
|  | HBV #3                |              | 6-18 mo or as soon thereafter as possible    |            |           |              |            |      |                                    |                   |   |
| Diphtheria <sup>3</sup><br>Tetanus<br>Pertussis  | DTaP                  |              | 2 mo   |            |           |              |            |      |                                    |                   |   |
|  | DTaP                  |              | 4 mo   |            |           |              |            |      |                                    |                   |   |
|  | DTaP                  |              | 6 mo   |            |           |              |            |      |                                    |                   |   |
|  | DTaP                  |              | 15-18 mo                                     |            |           |              |            |      |                                    |                   |   |
|  | DTaP                  |              | 4-6 yr                                       |            |           |              |            |      |                                    |                   |   |
|  | Td                    |              | 11-16 yr                                     |            |           |              |            |      |                                    |                   |   |
| Haemophilus <sup>4</sup><br>influenzae<br>type b | Hib #1                |              | 2 mo   |            |           |              |            |      |                                    |                   |   |
|  | Hib #2                |              | 4 mo   |            |           |              |            |      |                                    |                   |   |
|  | Hib #3                |              | 6 mo   |            |           |              |            |      |                                    |                   |   |
|  | Hib #4                |              | 12-15 mo                                     |            |           |              |            |      |                                    |                   |   |
| Polio <sup>5</sup>                               | IPV                   |              | 2 mo   |            |           |              |            |      |                                    |                   |   |
|  | IPV                   |              | 4 mo   |            |           |              |            |      |                                    |                   |   |
|  | IPV                   |              | 6-18 mo                                      |            |           |              |            |      |                                    |                   |   |
|  | IPV                   |              | 4-6 yr                                       |            |           |              |            |      |                                    |                   |   |
| Measles <sup>6</sup><br>Mumps<br>Rubella         | MIMR #1               |              | 12-15 mo                                     |            |           |              |            |      |                                    |                   |   |
|  | MIMR #2               |              | 4-6 yr or as soon thereafter as possible     |            |           |              |            |      |                                    |                   |   |
| Varicella <sup>7</sup>                           | VAR                   |              | 12-18 mo or under 13 yr                      |            |           |              |            |      |                                    |                   |   |
|  | Hep A #1              |              | 24 mo-18 yr                                  |            |           |              |            |      |                                    |                   |   |
| Hepatitis A <sup>8</sup><br>(in selected areas)  | Hep A #2              |              | 6-12 mo after first dose                     |            |           |              |            |      |                                    |                   |   |
|  | Prevnar <sup>TM</sup> |              | 2 mo   |            |           |              |            |      |                                    |                   |   |
| Pneumococcal Disease <sup>9</sup>                |                       |              | 4 mo   |            |           |              |            |      |                                    |                   |   |
|  |                       |              | 6 mo   |            |           |              |            |      |                                    |                   |   |
|  |                       |              | 12-15 mo                                     |            |           |              |            |      |                                    |                   |   |
| Influenza <sup>10</sup><br>(high-risk children)  |                       |              | 6 mo + (2 doses if first time)               |            |           |              |            |      |                                    |                   |   |
|  |                       |              |  |            |           |              |            |      |                                    |                   |   |

**Informed Consent Statement**

"I have been given a copy of, and have read or have had explained to me, information about each of the diseases and the vaccines listed. I have had a chance to ask questions, and they were answered to my satisfaction. I believe I understand the benefits and risks of each vaccine and ask that they be given to the minor named above (for whom I am authorized to make this request)."

On October 22, 1999, the Advisory Committee on Immunization Practices (ACIP) recommended that Rotashield® (RRV-TV), the only U.S.-licensed rotavirus vaccine, no longer be used in the United States (MMWR 1999 Nov. 5; 43[5]). Parents should be reassured that their children who received rotavirus vaccine before July are not at increased risk for intussusception now.

<sup>1</sup>This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines as of 10/2000. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever any components of the combination are indicated and its other components are not contraindicated. Providers should consult the manufacturers' package inserts for detailed recommendations. The information in this Child Immunization Flow Sheet is based on ACIP recommendations, which are the most current available.

<sup>2</sup>Infants born to HBsAg-negative mothers should receive the 1st dose of hepatitis B (Hep B) vaccine by age 2 months. The 2nd dose should be at least 1 month after the 1st dose. The 3rd dose should be administered at least 4 months after the 1st dose and at least 2 months after the 2nd dose, but not before 6 months of age for infants (MMWR 1999 Jan 22;48(2): 33-34).

An optional 2-dose schedule of Recombivax HB® is licensed for adolescents 11-15, with the 2nd dose given 4-6 months after the 1st (MMWR 2000 March 31;49(12):261-262).

Infants born to HBsAg-positive mothers should receive hepatitis B vaccine and 0.5 mL hepatitis B immune globulin (HBIG) within 12 hours of birth at separate sites. The 2nd dose of hepatitis B vaccine is recommended at 1-2 months of age and the 3rd dose at 6 months of age.

Infants born to mothers whose HBsAg status is unknown should receive hepatitis B vaccine within 12 hours of birth. Maternal blood should be drawn at the time of delivery to determine the mother's HBsAg status; if the HBsAg test is positive, the infant should receive HBIG as soon as possible (no later than 1 week of age).

All children and adolescents (through 18 years of age) who have not been immunized against hepatitis B should begin the series during any visit. Special efforts should be made to immunize children who were born in or whose parents were born in areas of the world with moderate or high endemicity of hepatitis B virus infection.

<sup>3</sup>The 4th dose of DTaP (diphtheria and tetanus toxoids and acellular pertussis vaccine) may be administered as early as 12 months of age, provided 6 months have elapsed since the 3rd dose and the child is unlikely to return at age 15-18 months. Td (tetanus and diphtheria toxoids) is recommended at 11-12 years of age if at least 5 years have elapsed since the last dose of DTP, DTaP or DT. Subsequent routine Td boosters are recommended every 10 years. Note: q:5 years if wounded. (MMWR 1997 March 28; 46 [RR-7], 1-25).

<sup>4</sup>Three Haemophilus influenzae type b (Hib) conjugate vaccines are licensed for infant use. If PRP-OMP (PedvaxHIB® or ComVax™ [Merck]) is administered at 2 and 4 months of age, a dose at 6 months is not required. Because clinical studies in infants have demonstrated that using some combination products may induce a lower immune response to the Hib vaccine component, DTaP/Hib combination products should not be used for primary immunization in infants at 2, 4 or 6 months of age, unless FDA-approved for these ages (MMWR 1993 Sept. 17; 42[RR-13], 1-15).

<sup>5</sup>To eliminate the risk of vaccine-associated paralytic polio (VAPP), an all-IPV schedule is now recommended for routine childhood polio vaccination in the United States. (MMWR 2000 May 19; 49[RR-5], 1-22). All children should receive 4 doses of IPV at 2

months, 4 months, 6-18 months, and 4-6 years. OPV (if available) may be used only for the following special circumstances:

1. Mass vaccination campaigns to control outbreaks of paralytic polio.
2. Unvaccinated children who will be traveling in less than 4 weeks to areas where polio is endemic or epidemic.
3. Children of parents who do not accept the recommended number of vaccine injections. These children may receive OPV only for the 3rd or 4th dose or both; in this situation, health care providers should administer OPV only after discussing the risk for VAPP with parents or caregivers.

4. During the transition to an all-IPV schedule, recommendations for the use of remaining OPV supplies in physicians' offices and clinics have been issued by the American Academy of Pediatrics (see Pediatrics, December 1999).

<sup>6</sup>The 2nd dose of measles, mumps, and rubella (MMR) vaccine is recommended routinely at 4-6 years of age but may be administered during any visit, provided at least 4 weeks have elapsed since receipt of the 1st dose and that both doses are administered beginning at or after 12 months of age. Those who did not receive the 2nd dose at 4-6 years should receive this dose as soon thereafter as possible (MMWR 1998 May 22; 47 [RR-8], 1-57).

<sup>7</sup>Varicella (Var) vaccine is recommended at any visit on or after the first birthday for susceptible children, i.e., those who lack a reliable history of chickenpox (as judged by a health care provider) and who have not been immunized. Susceptible persons 13 years of age or older should receive 2 doses, given at least 4 weeks apart (MMWR 1996 Jul. 12; 45 [RR-11], 1-36).

<sup>8</sup>Hepatitis A (Hep A) is recommended in 2 doses 6-12 months apart in selected states and/or regions; consult your local public health authority (MMWR 1999 Oct. 1; 48[RR-12], 1-37).

<sup>9</sup>Children ≤23 months should be vaccinated according to the proposed vaccination schedule.

Prevnar™ vaccine also should be used for all children aged 12-23 months and for children aged 24-59 months who are at increased risk for pneumococcal disease (e.g., children with sickle cell disease, human immunodeficiency virus (HIV) infection, and other immunocompromising or chronic medical conditions). ACIP also recommends that the vaccine be considered for all other children aged 24-59 months, with priority given to a) children aged 24-35 months, b) children who are of Alaska native, American Indian and African-American descent, and c) children who attend group day care centers (MMWR 2000 Oct. 6; 49 [RR-9], 1-38).

Pneumococcal vaccine is recommended for children 24 months and older who have chronic diseases/aspernia (functional or anatomic) and children 24 months and older who reside in nursing homes and other long-term care facilities.

It is recommended that immunocompromised children and children with asplenia be revaccinated after 5 years (MMWR 1997 Apr. 4; 46 [RR-8], 1-24).

<sup>10</sup>Annual influenza vaccination is recommended for children 6 months-18 years with chronic diseases, hemoglobinopathies, those who are residents of long-term care facilities, those who are undergoing long-term aspirin therapy, and those who are at increased risk of complications from influenza. Two doses administered at least 1 month apart are recommended for children 6 months to <9 years of age who are receiving influenza vaccine for the first time (MMWR 2000 Apr. 14; 49 [RR-3], 6-29).