

Fit To Immunize Assessment

The following list of questions should be asked prior to each immunization visit. Based on client responses, further nursing assessment of the individual's health status may be required prior to immunization. Refer to *Standard on the Contraindications and Precautions Related to Immunization* for further detail.

1. Are you/is your child well today?

- **Rationale:** Minor acute illness with or without fever would not be a contraindication.

2. Do you/does your child have any allergies?

- **Rationale:** Known anaphylactic hypersensitivity to any component of the vaccine would be a contraindication. The exception is egg allergic individuals who can be immunized against influenza using inactivated or live attenuated influenza vaccine.

3. Have you/has your child ever had a reaction to a vaccine?

- **Rationale:** To determine if there is any contraindication to administration of vaccine.

4. Do you/does your child have a health condition that has required a recent doctor's visit or will require a doctor's visit on a regular basis?

- **Rationale:** To identify medical conditions that may be a contraindication to receiving vaccine; to identify immediate/upcoming surgery.

5. Do you/does your child take any medications regularly?

- **Rationale:** To identify immunosuppressive medications that may be a contraindication to receiving vaccine or render them less effective.

6. For children 12 to 23 months of age, is there a history of seizures in your child or your child's immediate family (i.e., parents or siblings)?

- **Rationale:** To determine if separate MMR and Varicella vaccines should be offered to children 12 to 23 months of age.

7. Have you/your child received any other vaccines/biologicals in the past 4 weeks?

- **Rationale:** To identify if individual has received any live parenteral vaccines which could interfere with live vaccine administration.

8. Have you/your child received any blood or blood products, in the past year?

- **Rationale:** To identify if individual has received any blood/blood products which may interfere with live vaccine administration.

9. Are you pregnant?

- **Rationale:** To determine contraindication to a vaccine.

To identify clients who may become pregnant and advise regarding recommended interval following administration of a live vaccine.

10. Do you provide health care services to or do you have close contact with persons who are immunocompromised?

- **Rationale:** To determine recommended vaccine for client (live vs. inactivated)

To maximize protection of immunocompromised persons against infection

To provide advice to an immunized person about how to prevent transmission of infection to an immunocompromised person (e.g. covering a varicella vaccine rash).

To determine the vaccine reason code

11. For infants receiving a live vaccine, is there any known or suspected family history of congenital immunodeficiency disorder, history of HIV infection, or history of failure to thrive and recurrent infections?

- **Rationale:** if family history exists immunodeficiency disorders should be ruled out prior to immunization as immunocompromising conditions are less likely to be diagnosed in young children.

12. Has the mother taken any immunocompromising drugs during pregnancy/breast feeding?

- **Rationale:** Immunosuppression from some medications given to a mother during pregnancy or while breastfeeding, can cause immunosuppression of infants.