MISH
Minimally Invasive Surgery Hospital

Vaccination

Patient Name:	**Patient DOB:**

Pneumococcal Polysaccharide Vaccine
(offered all year round)

Please check all that apply to determine if Vaccination is Indicated:

[ ] I was already vaccinated with the Pneumococcal Polysaccharide Vaccine.
Approximate date ____. STOP Here

[ ] I do not want the Pneumoccocal vaccine.
Please give reason:
- [] Fear of needles/injections
- [] Fear of side effects
- [] Perceived ineffectiveness of vaccine
- [] Philosophical or religious objections
- [] Concern for transmitting virus to contacts or getting ill
- [] other

STOP Here

[ ] I am uncertain about my prior vaccination status.
CONTINUE below.

I am:

[ ] 65 year of age or older.
[ ] Resident of nursing home or chronic care facility regardless of age.

OR

I am age 19-64 and have the following **high-risk conditions**:

[] Serious long-term health problem with chronic heart or lung disease (including asthma), diabetes mellitus. or kidney disease including nephrotic syndrome
[] Compromised immunity such as: Hodgkin's disease, leukemia, lymphoma, multiple myeloma, generalized malignancy, IOV infection or AIDS, organ or bone marrow transplant, treatment with long-term corticosteroids, cancer drugs, or radiation therapy
[] Alcoholism, cirrhosis, or chronic liver disease
[] Sickle cell anemia or prior splenectomy
[] Cerebrospinal fluid leaks;

Influenza Vaccine
(offered September thru April)

Please check all that apply to determine if Vaccination is Indicated:

[ ] I was already vaccinated with the Influenza Vaccine.
Approximate date ____. STOP Here

[ ] I do not want the Influenza Vaccine.
Please give reason:
- [] Fear of needles/injections
- [] Fear of side effects
- [] Perceived ineffectiveness of vaccine
- [] Philosophical or religious objections
- [] Concern for transmitting virus to contacts or getting ill
- [] other

STOP Here

[ ] I am uncertain about my prior vaccination status.
CONTINUE below.

I am:

[] 50 years of age or older
[] Resident of nursing home or chronic care facility regardless of age

OR

I am an Adult that has the following **high-risk conditions**:

[] Serious long-term health problem with chronic heart or lung disease (including asthma), diabetes mellitus, kidney disease, or anemia and other blood disorders
[] Compromised immunity such as: Hodgkin's disease, leukemia, lymphoma, multiple myeloma, generalized malignancy, IIIV infection or AIDS, organ or bone marrow transplant, treatment with long-term corticosteroids, cancer drugs, or radiation therapy
[] Women who will be past the 3rd month of pregnancy during the influenza season: