Which Vaccines Do I Need Today?

Vaccines are an important part of helping you stay healthy. Which of these recommended vaccines do you need? Check the boxes that apply to you, and then talk this over with your healthcare provider.

Influenza (“flu”) vaccine
☐ I have not had my flu vaccine this year (early fall through late spring).

Pneumococcal (“pneumonia”) vaccines [Prevnar 13 (PCV13) and Pneumovax 23 (PPSV23)]
☐ I am age 65 or older and:
  ☐ I have never received any pneumonia vaccine (or I don’t remember if I have).
  ☐ I have received only 1 pneumonia vaccine since I turned 65.
  ☐ I received 1 or 2 doses of pneumonia vaccine before I turned 65, and it’s now been more than 5 years since I received my last dose.

☐ I am younger than age 65 and:
  ☐ I have never received any pneumonia vaccine AND at least one of the following applies to me:
    ☐ I smoke cigarettes and I am age 19 years or older.
    ☐ I have a chronic disease of the heart, lung (including asthma, if I am age 19 years or older), kidneys, or I have sickle cell disease.
    ☐ I have diabetes or alcoholism.
    ☐ I have a weakened immune system due to cancer, Hodgkin’s disease, leukemia, lymphoma, kidney failure, HIV/AIDS or receiving radiation therapy or taking medications that affect the immune system.
    ☐ I live in a nursing home or other long-term care facility.
  ☐ I have had an organ or bone marrow transplant.
  ☐ I have had my spleen removed or have had a cochlear (inner ear) implant or have had a provider that I have leaking spinal fluid.

Tetanus, diphtheria, and pertussis (“whooping cough”)-containing vaccine [e.g., DTP or DTaP]
☐ I have not received Tdap vaccine (or I don’t remember if I have.)
  ☐ I have not received at least 3 tetanus- and diphtheria-containing shots.
  ☐ I have received at least 3 tetanus- and diphtheria-containing shots in my lifetime more than 10 years since I received the last one.
  ☐ I am pregnant (and I’m in my late second or third trimester of my pregnancy) and I have received Tdap vaccine during this pregnancy.

Measles, mumps, rubella (MMR) vaccine
☐ I am a woman thinking about a future pregnancy and don’t know if I’m immune to measles.
  ☐ I am a healthcare worker.
  ☐ I have received 1 MMR (or I don’t remember if I have).
  ☐ I do not have a lab-confirmed report showing that I am immune to measles, mumps, and/or rubella.
  ☐ I was born in 1957 or later and:
  ☐ I have never received MMR vaccine (or I don’t remember if I have).
  ☐ I have received only 1 MMR and:
    ☐ I am entering college or another type of school after high school.
    ☐ I am planning on traveling outside the U.S.1

Hepatitis A vaccine
☐ I want to be vaccinated to avoid getting hepatitis A and spreading it to others.
  ☐ I want to be vaccinated to avoid getting hepatitis B and spreading it to others.
  ☐ I want to be vaccinated to avoid getting hepatitis C and spreading it to others.
  ☐ I am now older than age 26 and have not completed the HPV vaccine series I began when I was age 26 or younger.

  ☐ I have received only 1 MMR and:
    ☐ I am age 60 or older and have never received a shingles vaccine (or I don’t know if I have).
    ☐ I have a persistent complement component deficiency.
  ☐ I have had my spleen removed, or I am scheduled to have it removed (“splenectomy”).
  ☐ I am age 60 or older and have never received a shingles vaccine (or I don’t know if I have).

Hepatitis B vaccine
☐ I want to be vaccinated to avoid getting hepatitis B and spreading it to others.
  ☐ I want to be vaccinated to avoid getting hepatitis B and spreading it to others.
  ☐ I want to be vaccinated to avoid getting hepatitis C and spreading it to others.
  ☐ I have had my spleen removed, or I am scheduled to have it removed (“splenectomy”).
  ☐ I am age 60 or older and have never received a shingles vaccine (or I don’t know if I have).

Varicella (“chickenpox”) vaccine
☐ I have never had chickenpox and I am a healthcare worker or foreign traveler and I don’t remember if I’ve ever had chickenpox disease.
  ☐ I have received 2 doses of varicella vaccine and I have never had chickenpox disease or received the vaccine (or I don’t remember if I have).

Meningococcal (“meningitis”) type B vaccine (MenB)
☐ I am age 18 or younger and have not received at least 3 meningococcal vaccine doses.
  ☐ I am now older than age 26 and have not completed the HPV vaccine series I began when I was age 26 or younger.

Zoster (“shingles”) vaccine
☐ I am age 60 or older and have never received a shingles vaccine (or I don’t know if I have).
  ☐ I have had chickenpox disease or received the vaccine (or I don’t remember if I have).

Meningococcal (type C) meningococcal meningitis vaccine
☐ I have never had meningococcal meningitis disease.
  ☐ I have had 2 meningococcal meningitis disease episodes.

Technical content reviewed by the Centers for Disease Control and Prevention and the National Institute for Occupational Safety and Health (NIOSH) and the Advisory Committee on Immunization Practices (ACIP).

Visit www.immunize.org/catg.d/p4036.pdf