

# Danh Mục Kiểm Tra Sàng Lọc Chống Chỉ Định Chủng Ngừa Vắc-xin Cho Trẻ Nhỏ Và Thiếu Niên

TÊN BỆNH NHÂN \_\_\_\_\_

NGÀY SINH \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
tháng ngày năm

Dành cho phụ huynh/người giám hộ: Các câu hỏi dưới đây sẽ giúp chúng tôi xác định xem hôm nay con của quý vị có thể thích loại vắc-xin nào. Nếu quý vị trả lời "có" cho tất cả các câu hỏi thì không có nghĩa là con quý vị không nên chủng ngừa. Nó chỉ có nghĩa là cần hỏi thêm một số câu hỏi. Nếu có câu hỏi nào không rõ, vui lòng yêu cầu bác sĩ của quý vị giải thích.

	có	không	không biết
1. Hôm nay trẻ có bị bệnh không?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Trẻ có bị dị ứng với thuốc, thực phẩm, thành phần trong vắc-xin, hoặc latex hay không?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Trước đây trẻ có từng bị dị ứng nghiêm trọng với một loại vắc-xin hay không?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Trẻ có vấn đề sức khỏe lâu dài với bệnh tim, phổi (bao gồm hen suyễn), thận, gan, hệ thần kinh hoặc bệnh chuyển hóa (ví dụ: tiểu đường), rối loạn máu, không có lá lách, thiếu thành phần bổ sung, cấy ốc tai điện tử hoặc rò rỉ dịch tủy sống hay không? Trẻ có đang dùng thuốc aspirin hoặc salicylat thường xuyên không?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Đối với trẻ em từ 2 đến 4 tuổi: Nhà cung cấp dịch vụ chăm sóc sức khỏe có nói với quý vị rằng trẻ bị thở khò khè hoặc hen suyễn trong 12 tháng qua không?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Đối với trẻ sơ sinh: Quý vị đã bao giờ được cho biết trẻ đã bị lồng ruột chưa?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Trẻ, anh chị em, hoặc cha mẹ có từng bị co giật; trẻ có từng bị bệnh não hoặc bệnh về hệ thần kinh khác không?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Trẻ có từng được chẩn đoán mắc bệnh tim (viêm cơ tim hoặc viêm màng ngoài tim) hoặc đã từng bị Hội chứng viêm đa hệ thống (MIS-C) sau khi nhiễm vi-rút COVID-19 không?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Trẻ có bị ung thư, bệnh bạch cầu, HIV/AIDS hoặc các bệnh về hệ miễn dịch không?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Trong vòng 6 tháng qua, trẻ có từng uống các loại thuốc ảnh hưởng đến hệ miễn dịch như prednisone, các loại steroid khác, hoặc thuốc trị ung thư; thuốc trị viêm khớp dạng thấp, bệnh Crohn hoặc bệnh vẩy nến; hoặc từng phải xạ trị hay không?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Cha mẹ hoặc anh chị em ruột của trẻ có vấn đề về hệ miễn dịch không?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Trong năm vừa qua, trẻ có từng được truyền máu hoặc các sản phẩm máu, hoặc từng dùng globulin miễn dịch (gamma) hoặc thuốc chống virus hay không?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Trẻ/thanh thiếu niên có đang mang thai không?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Trẻ có dùng vắc-xin trong 4 tuần vừa qua không?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Trẻ có bao giờ cảm thấy chóng mặt hoặc ngất xỉu trước, trong hoặc sau khi tiêm không?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Trẻ có lo lắng về việc tiêm hôm nay không?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BIỂU MẪU HOÀN THÀNH THEO \_\_\_\_\_ NGÀY \_\_\_\_\_

ĐƯỢC XEM XÉT BỞI \_\_\_\_\_ NGÀY \_\_\_\_\_

Quý vị có mang theo thẻ tiêm chủng của mình không? có  không

Việc lập sổ tiêm chủng cá nhân cho con quý vị là rất quan trọng. Nếu quý vị chưa có, hãy yêu cầu bác sĩ của trẻ cung cấp cho quý vị một sổ tiêm chủng, trong đó ghi rõ tất cả các mũi chích ngừa của trẻ. Hãy giữ sổ tiêm chủng ở chỗ an toàn và mang theo mỗi khi đưa trẻ đi khám. Con quý vị cần có loại giấy tờ này để đi nhà trẻ, đi học, xin việc làm hoặc đi du lịch quốc tế.



# Information for Healthcare Professionals about the Screening Checklist for Contraindications to Vaccines (Children and Teens)

Read the information below for help interpreting answers to the screening checklist.  
To learn even more, consult the references in Note below.

**NOTE:** For additional details, see CDC's "Child and Adolescent Immunization Schedule" ([www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html](http://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html)) and *General Best Practice Guidelines for Immunization* sections on "Contraindications and Precautions" ([www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html)) and "Altered Immunocompetence" ([www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html)). For more details on COVID-19 vaccines, see "Use of COVID-19 Vaccines in the United States: Interim Clinical Considerations" at [www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html](http://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html).

## 1. Is the child sick today? [all vaccines]

There is no evidence that acute illness reduces vaccine effectiveness or safety. However, as a precaution, all vaccines should be delayed until moderate or severe acute illness has improved. Mild illnesses with or without fever (e.g., otitis media, "colds," and diarrhea) and antibiotic use are not contraindications to routine vaccination.

## 2. Does the child have allergies to medicine, food, a vaccine component, or latex? [all vaccines]

**Gelatin:** If a person has anaphylaxis after eating gelatin, do not give vaccines containing gelatin. **Latex:** An anaphylactic reaction to latex is a contraindication to vaccines with latex as part of the vaccine's packaging (e.g., vial stoppers, prefilled syringe plungers, prefilled syringe caps). For details on latex in vaccine packaging, refer to the package insert (listed at [www.fda.gov/vaccines-blood-biologics/vaccines/vaccines-licensed-use-united-states](http://www.fda.gov/vaccines-blood-biologics/vaccines/vaccines-licensed-use-united-states)). **COVID-19 vaccine:** History of a severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a COVID-19 vaccine component is a contraindication to use of the same vaccine type. People may receive the alternative COVID-19 vaccine type (either mRNA or protein subunit) if they have a contraindication or an allergy-related precaution to one COVID-19 vaccine type. Allergy-related precautions include history of 1) diagnosed non-severe allergy to a COVID-19 vaccine component; 2) non-severe, immediate (onset less than 4 hours) allergic reaction after a dose of one COVID-19 vaccine type (see **Note**).

**Not contraindications:** Eggs: ACIP and CDC do not consider egg allergy of any severity to be a contraindication or precaution to any egg-based influenza vaccine. **Injection site reaction** (e.g., soreness, redness, delayed-type local-reaction) to a prior dose or vaccine component is not a contraindication to a subsequent dose or vaccine containing that component.

## 3. Has the child had a serious reaction to a vaccine in the past? [all vaccines]

- Anaphylaxis to a previous vaccine dose or vaccine component is a contraindication for subsequent doses of corresponding vaccines (see question 2).
- Usually, one defers vaccination when a precaution is present, unless the benefit outweighs the risk (e.g., during an outbreak).
- A history of encephalopathy within 7 days of DTP/DTaP is a contraindication for further doses of any pertussis-containing vaccine.
- Other "serious reactions" that this child experienced following vaccination might constitute contraindications or precautions to future doses. See the appendix on vaccine contraindications and precautions in the **Note** section above.

## 4. Does the child have a long-term health problem with heart, lung (including asthma), kidney, liver, nervous system, or metabolic disease (e.g., diabetes), a blood disorder, no spleen, a cochlear implant, or a spinal fluid leak? Are they taking regular aspirin or salicylate medication? [MMR, MMRV, LAIV, VAR]

**LAIV** is not recommended for children with cerebrospinal fluid leak, anatomic or functional asplenia, cochlear implant, a child age 2 through 4 years with a history of asthma or wheezing, or current aspirin or salicylate-containing medication. Precautions to **LAIV** include any underlying health condition that increases the risk of influenza complications (see package insert or CDC schedule for details). **MMR & MMRV:** A history of thrombocytopenia or thrombocytopenic purpura is a precaution to **MMR** and **MMRV**. **VAR:** Aspirin use is a precaution to **VAR** due to the association of aspirin use, chickenpox, and Reye syndrome in children and adolescents.

## 5. For children age 2 through 4 years: Has a healthcare provider told you that the child had wheezing or asthma in the past 12 months? [LAIV]

Children ages 2 through 4 years who had a wheezing episode within the past 12 months should not get **LAIV**. Give **IIV** or **RIV** instead.

## 6. For babies: Have you ever been told the child had intussusception? [Rotavirus]

Infants who have a history of intussusception (i.e., the telescoping of one portion of the intestine into another) should **not** be given rotavirus vaccine.

## 7. Has the child, a sibling, or a parent had a seizure; has the child had a brain or other nervous system problem? [DTaP, Td, Tdap, IIV, LAIV, MMRV, RIV]

For patients with stable neurologic disorders (including seizures) unrelated to vaccination, or with a family history of seizures, vaccinate as usual (exception: children with a first degree relative [e.g., parent or sibling] or personal history of seizures generally should receive separate **MMR** and **VAR**, not **MMRV**). **Pertussis-containing vaccines:** **DTaP** and **Tdap** are contraindicated in children who have a history of encephalopathy within 7 days

following **DTP/DTaP**. An unstable progressive neurologic problem is a precaution to using **DTaP** and **Tdap**. **A history of Guillain-Barré syndrome (GBS):** a) **Td/Tdap:** GBS within 6 weeks of a tetanus-toxoid vaccine is a precaution; if the decision is made to vaccinate, give **Tdap** instead of **Td**; b) all influenza vaccines: GBS within 6 weeks of an influenza vaccine is a precaution; influenza vaccination should generally be avoided unless the benefits outweigh the risks (e.g., for those at higher risk for influenza complications).

## 8. Has the child ever been diagnosed with a heart condition (myocarditis or pericarditis) or have they had Multisystem Inflammatory Syndrome (MIS-C) after an infection with the virus that causes COVID-19?

Precautions to COVID-19 vaccination include a history of myocarditis or pericarditis within 3 weeks after a dose of any COVID-19 vaccine or a history of Multisystem Inflammatory Syndrome (MIS-C). Myocarditis or pericarditis within 3 weeks after a dose of any COVID-19 vaccine is a precaution: the person should generally not receive additional COVID-19 vaccine. A child with a history of myocarditis or pericarditis unrelated to vaccination may receive a COVID-19 vaccine once the condition has completely resolved. A child with a history of MIS-C may be vaccinated if the condition has fully resolved and it has been at least 90 days since diagnosis. Refer to CDC COVID-19 vaccine guidance for additional considerations for myocarditis, pericarditis, and MIS (see **Note**).

## 9. Does the child have an immune-system problem, such as cancer, leukemia, HIV/AIDS? [LAIV, MMR, MMRV, Rotavirus, VAR]

Live virus vaccines are usually contraindicated in immunocompromised people with exceptions. For example, **MMR** is recommended for asymptomatic HIV-infected patients who are not severely immunosuppressed. **VAR** should be administered (if indicated) to people with isolated humoral immunodeficiency. **LAIV** is contraindicated in immunosuppressed people; give **IIV** or **RIV** instead. Infants with severe combined immunodeficiency (SCID) should not be given a live virus vaccine, including **rotavirus vaccine**, but other forms of immunosuppression are a precaution, not a contraindication, to rotavirus vaccine. See "General Best Practice Guidelines: Altered Immunocompetence" at [www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html).

## 10. In the past 6 months, has the child taken medications that affect the immune system such as prednisone, other steroids, or anticancer drugs; drugs to treat rheumatoid arthritis, Crohn's disease, or psoriasis; or had radiation treatments? [LAIV, MMR, MMRV, VAR]

Live virus vaccines should be postponed until after chemotherapy or long-term high-dose steroid therapy has ended. See **Note** above. Some immune mediator and modulator drugs (especially anti-necrosis factor [TNF] agents) may be immunosuppressive. Avoid live virus vaccines in people taking immunosuppressive drugs. A list of these is in CDC's *Yellow Book* at [www.wnc.cdc.gov/travel/yellowbook/2024/additional-considerations/immunocompromised-travelers](http://www.wnc.cdc.gov/travel/yellowbook/2024/additional-considerations/immunocompromised-travelers).

## 11. Does the child's parent or sibling have an immune system problem? [MMR, MMRV, VAR]

**MMR**, **MMRV**, and **VAR** vaccines should **not** be given to a patient with a family history of congenital or hereditary immunodeficiency in first-degree relatives (e.g., parents, siblings) unless the patient's immune competence has been verified clinically or by a laboratory.

## 12. In the past year, has the child received immune (gamma) globulin, blood/blood products, or an antiviral drug? [MMR, MMRV, LAIV, VAR]

See **Note** (schedule) for antiviral drug information (**VAR**, **LAIV**). See "Timing and Spacing of Immunobiologics" ([www.cdc.gov/vaccines/hcp/acip-recs/general-recs/timing.html#antibody](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/timing.html#antibody)) for intervals between **MMR**, **VAR**, and certain blood/blood products, immune globulin.

## 13. Is the child/teen pregnant? [HPV, IPV, LAIV, MenB, MMR, MMRV, VAR]

**Live virus vaccines** (e.g., **LAIV**, **MMR**, **MMRV**, **VAR**) are contraindicated in pregnancy due to the theoretical risk of virus transmission to the fetus. People who could become pregnant and receive a live virus vaccine should be instructed to avoid pregnancy for 1 month after vaccination. **IPV** and **MenB** should not be given except to those with an elevated risk of exposure during pregnancy. **HepB:** Heplisav-B and PreHevbro are not recommended during pregnancy, use Engerix-B or Recombivax-HB. **HPV** is not recommended during pregnancy.

## 14. Has the child received vaccinations in the past 4 weeks? [LAIV, MMR, MMRV, VAR, yellow fever]

Children given live virus vaccines, such as those listed above, should wait 28 days before receiving another live virus vaccine (wait 30 days for yellow fever vaccine). Inactivated vaccines may be given at the same time or at any spacing interval.

## 15. Has the child ever felt dizzy or faint before, during or after a shot?

Fainting (syncope) or dizziness is not a contraindication or precaution to vaccination; it may be an anxiety-related response to any injection. CDC recommends vaccine providers consider observing all patients for 15 minutes after vaccination. See Immunize.org's resource on vaccination and syncope at [www.immunize.org/catg.d/p4260.pdf](http://www.immunize.org/catg.d/p4260.pdf).

## 16. Is the child anxious about getting a shot today?

Anxiety can lead to vaccine avoidance. Simple steps can ease a patient's anxiety about vaccination. Visit Immunize.org's "Addressing Vaccination Anxiety" clinical resources at [www.immunize.org/clinical/topic/addressing-anxiety/](http://www.immunize.org/clinical/topic/addressing-anxiety/)

### VACCINE ABBREVIATIONS

**DTaP** = Diphtheria, tetanus, & acellular pertussis vaccine  
**HPV** = Human papillomavirus vaccine  
**IIV** = Inactivated influenza vaccine  
**cIIIV** - cell culture inactivated influenza vaccine

**IPV** = Inactivated poliovirus vaccine  
**LAIV** = Live attenuated influenza vaccine  
**MenB** = Meningococcal B vaccine  
**MMR** = Measles, mumps, and rubella vaccine

**MMRV** = MMR+VAR vaccine  
**RIV** = Recombinant influenza vaccine  
**Td, Tdap** = Tetanus, diphtheria, (acellular pertussis) vaccine  
**VAR** = Varicella vaccine