

# چک لیست اسکرینینگ برای موارد منع تزریق واکسین برای کلانسالان

نام شما \_\_\_\_\_

تاریخ تولد \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
ماه / روز / سال

**برای مریضان:** سؤالات ذیل به ما کمک خواهد نمود تا تعیین کنیم که امروز کدام واکسینها ممکن است به شما تزریق گردد. اگر به هر سؤالی جواب "بلی" بدهید، لزوماً به این معنی نیست که شما نباید واکسین شوید. این فقط به معنی این است که ما ضرورت داریم که سؤالات بیشتری از شما بپرسیم. اگر سؤالی واضح نیست، لطفاً از ارائه دهنده مراقبتهای صحتان بخواهید که آنرا توضیح بدهد.

بلی    نخیر    نمیدانم

- |                          |                          |                          |  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. آیا شما امروز مریض هستید؟   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. آیا شما به دوا، غذا، ترکیبات واکسین یا لاتکس آلرژی دارید؟   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. آیا شما هیچوقت بعد از دریافت واکسین عکس العمل جدی داشته اید؟  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. آیا شما مشکل صحتی درازمدت ذیل به همراه عارضه قلبی، شش (بشمول آسم)، کلیوی، کبدی، سیستم عصبی، یا امراض میتابولیک (مثلاً دیابت)، اختلالات خونی، برداشتن طحال، ایمپلنت حلزون، یا نشت مایع نخاع شوکی دارید؟ آیا شما تحت تدابیر دراز مدت با اسپرین هستید؟ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. آیا شما سرطان، لوکمیا، HIV/ایدز یا کدام مشکلی دیگری در سیستم معافیت دارید؟  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. آیا والدین، برادر یا خواهرتان مشکل سیستم معافیت دارد؟   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. آیا شما در 6 ماه گذشته دواهاییکه بر سیستم معافیتتان تأثیر میگذارد چون پردنیزون، یا استروئیدهای دیگر، یا دواهای ضد سرطان؛ دواهای برای تدابیر روماتوئید، مریضی کرون، یا سورپاسس مصرف نموده اید؛ یا تدابیرهای با تشعشع داشته اید؟                      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. آیا شما صرع یا مشکل مغزی یا سیستم عصبی دیگر داشته اید؟  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. آیا شما هیچوقت به عارضه قلبی (مایوکاردایتس یا پریکاردایتس) مبتلاء شده است، یا بعد از ابتلاء به ویروس عامل کووید-19، دچار سندروم التهاب چند سیستمی (MIS-A یا MIS-C) شده اید؟   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. در سال گذشته، آیا شما گلوبولین معافیتی (گاما)، خون/محصولات خونی، یا دوا ضد ویروس دریافت کرده اید؟  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. آیا حامله هستید؟   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. آیا شما در 4 هفته اخیر واکسیناسیون دریافت کرده اید؟  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13. آیا هیچوقت شما قبل، در وقت یا بعد از دریافت واکسین حس گیجی یا بیهوشی داشته اید؟  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14. آیا شما امروز در مورد تزریق واکسین مضطرب هستید؟  |

تکمیل کننده فورم \_\_\_\_\_ تاریخ \_\_\_\_\_

بررسی کننده فورم \_\_\_\_\_ تاریخ \_\_\_\_\_

آیا کارت سوابق معافیتتان را با خود آورده اید؟    بلی    نخیر   

داشتن سوابق شخصی از واکسیناسیونتان خیلی مهم است. اگر سوابق شخصی ندارید، از ارائه دهنده مراقبتهای صحتان بخواهید که یک کپی از آن برایتان بدهد. این سند را در جای امن نگهداری کنید و در هر نوبت مراجعه طبعی تان با خود بیاورید. اطمینان حاصل کنید که ارائه دهنده مراقبتهای صحتان تمام واکسیناسیونهای شما را در آن ثبت میکند.



www.immunize.org/d/p4065-prs.pdf  
"Screening Checklist for Contraindications  
to Vaccines for Adults"  
Item #P4065-prs Dari (11/6/2023)

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FOR PROFESSIONALS www.immunize.org / FOR THE PUBLIC www.vaccineinformation.org

# Information for Healthcare Professionals about the Screening Checklist for Contraindications to Vaccines for Adults

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 "Adult Immunization Schedule" ([www.cdc.gov/vaccines/schedules/hcp/imz/adult.html](http://www.cdc.gov/vaccines/schedules/hcp/imz/adult.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. Are you sick today? [all vaccines]

There is no evidence that acute illness reduces vaccine efficacy 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," diarrhea) and antibiotic use are not contraindications to routine vaccination.

## 2. Do you have allergies to medications, food, a vaccine ingredient, 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 any 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. Have you ever had a serious reaction after receiving a vaccine? [all vaccines]

- Anaphylaxis to a previous vaccine dose or vaccine component is a contraindication for subsequent doses of the vaccine or vaccine component. (See question 2.)
- Usually, one defers vaccination when a precaution is present unless the benefit outweighs the risk (e.g., during an outbreak).

## 4. Do you have any of the following: a long-term health problem with heart, lung, kidney, or metabolic disease (e.g., diabetes), asthma, a blood disorder, no spleen, a cochlear implant, or a spinal fluid leak? Are you on long-term aspirin therapy? [MMR, VAR, LAIV]

LAIV is not recommended for people with anatomic or functional asplenia, a cochlear implant, or cerebrospinal fluid (CSF) leak. Underlying health conditions that increase the risk of influenza complications such as heart, lung, kidney, or metabolic disease (e.g., diabetes) and asthma are precautions for LAIV. MMR: A history of thrombocytopenia or thrombocytopenic purpura is a precaution to MMR. VAR: Aspirin use is a precaution to VAR due to the association of aspirin use, wild type varicella infection, and Reye syndrome in children and adolescents.

## 5. Do you have cancer, leukemia, HIV/AIDS, or any other immune system problem? [LAIV, MMR, VAR]

Live virus vaccines are usually contraindicated in immunocompromised people, with exceptions. For example, MMR vaccine is recommended and VAR may be considered for adults with CD4+ T-cell counts of greater than or equal to 200 cells/mL. See Note.

## 6. Do you have a parent, brother, or sister with an immune system problem? [MMR, VAR]

MMR or VAR should not be administered to a patient with congenital or hereditary immunodeficiency in a first-degree relative (e.g., parent, sibling) unless the patient's immune competence has been verified clinically or by a laboratory.

## 7. In the past 6 months, have you taken medicines that affect your immune system, such as prednisone, other steroids, or anticancer drugs; drugs for the treatment of rheumatoid arthritis, Crohn's disease, or psoriasis; or have you had radiation treatments? [LAIV, MMR, VAR]

Live virus vaccines should be postponed until chemotherapy or long-term high-dose steroid therapy concludes. See Note. Some immune mediator and modulator drugs (especially anti-tumor necrosis factor [TNF] agents) may be immunosuppressive. Avoid live virus vaccines in people taking immunosuppressive drugs. A list of such drugs appears 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).

## 8. Have you had a seizure or a brain or other nervous system problem? [influenza, Td/Tdap]

**Tdap:** Tdap is contraindicated in people with a history of encephalopathy within 7 days following DTP/DaP. An unstable progressive neurologic problem is a precaution to using Tdap. For people with stable neurologic disorders (including seizures) unrelated to vaccination, vaccinate as usual. **A history of Guillain-Barré syndrome (GBS):** 1) **Td/Tdap:** GBS within 6 weeks of a tetanus toxoid-containing vaccine is a precaution; if the decision is made to vaccinate, give Tdap instead of Td; 2) **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 high risk for influenza complications).

## 9. Have you ever been diagnosed with a heart condition (myocarditis or pericarditis) or have you had Multisystem Inflammatory Syndrome (MIS-A or 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 or MIS-A). Myocarditis or pericarditis within 3 weeks after a dose of any COVID-19 vaccine is a precaution: the patient should generally not receive additional COVID-19 vaccine. A person with a history of myocarditis or pericarditis unrelated to vaccination may receive a COVID-19 vaccine once the condition has completely resolved. A person with a history of MIS-C or MIS-A 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).

## 10. In the past year, have you received immune (gamma) globulin, blood/blood products or an antiviral drug? [MMR, VAR, LAIV]

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, or immune globulin.

## 11. Are you pregnant? [HPV, HepB, IPV, LAIV, MenB, MMR, VAR]

Live virus vaccines (e.g., LAIV, MMR, 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:** HepB and PreHevB are not recommended during pregnancy, use Engerix-B or Recombivax-HB. **HPV** is not recommended during pregnancy.

## 12. Have you received any vaccinations in the past 4 weeks? [LAIV, MMR, VAR, yellow fever]

People 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.

## 13. Have you 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).

## 14. Are you anxious about getting a shot today?

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

### VACCINE ABBREVIATIONS

HepB = Hepatitis B vaccine  
HPV = Human papillomavirus vaccine  
IIV = Inactivated influenza vaccine  
ccIIV = Cell culture inactivated influenza vaccine

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

RIV = Recombinant influenza vaccine  
Td/Tdap = Tetanus, diphtheria, (acellular pertussis) vaccine  
VAR = Varicella vaccine