

Your name:
(PLEASE PRINT)

Date of
birth: — DAY / — MONTH / — YEAR

Today's
date: — DAY / — MONTH / — YEAR

Do I Need Any Vaccinations Today?

Immunization is not just for kids. Adults also need to keep their immunization (vaccination) up-to-date. These checklists will help you determine if you need any vaccinations. Please check the boxes that apply to you and ask your health care provider if you need any vaccinations today.

Influenza vaccination

- I am 65 years of age or older.
- I am younger than 65 years of age, and one or more of the following conditions or situations applies to me:
 - lung disease
 - heart disease
 - kidney disease
 - diabetes mellitus
 - HIV/AIDS
 - a disease that affects my immune system
 - a condition that may cause me to choke when I swallow (e.g., neuromuscular disorder, spinal cord injury, seizure disorder)
 - I live in a nursing home or chronic care facility.
 - I will be pregnant and deliver my baby during the influenza season (Dec.-Mar.).
 - I provide essential community services.
 - I am a healthcare worker.
 - I am a household contact or caregiver of a person who has one of the illnesses listed above, is elderly, or is 0-23 months of age.
- I am not in one of the groups listed above, but I'd like to be vaccinated to avoid getting influenza this season.

Tetanus, diphtheria and pertussis (whooping cough) vaccination

- I have not yet had at least 3 tetanus diphtheria pertussis shots.
- I have had at least 3 tetanus diphtheria pertussis shots in my lifetime, but I believe it's been 10 years or more since I received my last tetanus shot.
- I am unsure if I ever received any tetanus diphtheria pertussis shots in school, the military, or elsewhere.
- I work or have a hobby, such as gardening, where I am exposed to dirt or soil.
- I have contact with infants or young children or am planning to have a child.

Pneumococcal vaccination

- I am 65 years of age or older, and I have never had a dose of pneumococcal vaccine.
- I am 65 years of age or older and had one dose of pneumococcal vaccine; it has been at least 5 years since that dose.
- I am unsure if I have had the pneumococcal vaccine.
- I have one of the following health problems and I (have) (have not) had a previous dose of pneumococcal vaccine.
 - lung disease (not asthma)
 - heart disease
 - diabetes mellitus
 - alcoholism
 - cochlear implant
 - kidney disease
 - liver disease
 - HIV/AIDS
 - Hodgkin's disease
 - leukemia
 - multiple myeloma
 - lymphoma
 - organ or bone marrow transplant
 - cancer
 - cerebrospinal fluid leak
 - sickle cell disease, or my spleen isn't working or has been removed
 - on medication or receiving x-ray treatment that affects my immune system

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Chickenpox (Varicella) vaccination

- I have never had chickenpox (varicella) vaccination.
- I am unsure if I've had chickenpox.
- I may become pregnant and do not know if I am immune to chickenpox.

...over/

Meningococcal vaccination

- I am or will be a student living in a dorm.
- I have sickle cell disease, or my spleen isn't working or has been removed.
- I have a deficiency of complement, properdin or factor D.

Hepatitis A vaccination

- I am in one of the following risk groups, and I haven't had the 2-dose vaccination series against hepatitis A:
 - I travel outside of Canada and the US for business or leisure. OR I travel to parts of the world where the water and sewer systems may be inadequate
 - I am a man who has sex with men.
 - I use street drugs.
 - I have chronic liver disease.
- I wish to receive hepatitis A vaccine to be protected against hepatitis A even though I am not in one of these groups.

Hepatitis B vaccination

- I am in one of the following risk groups, and I haven't completed the 3-dose vaccination series against hepatitis B:
 - I live with a person who has long-term hepatitis B virus infection.
 - I am a healthcare or public safety worker who regularly may be exposed to blood or bodily fluids.
 - I travel outside of Canada and the US for business or leisure.
 - I have a bleeding disorder that requires transfusion.
 - I am or will be on kidney dialysis.
 - I am an immigrant, or my parents are immigrants from an area of the world where hepatitis B is common. OR I live with people from an area of the world where hepatitis B is common.
 - I inject street drugs.
 - I am a sex partner of a person with long-term hepatitis B.
 - I have had a sexually transmitted disease.
 - I have had more than one sex partner in a 6-mo. period.
 - I am a man who has sex with men.
 - I work with people with developmental disabilities.
 - I have chronic liver disease.
 - I work or live in a long-term correctional facility.
- I wish to receive hepatitis B vaccine to be protected against hepatitis B even though I am not in one of these groups.

Measles-Mumps-Rubella (MMR) vaccination

I have had measles mumps rubella (German measles).

- I was born after 1970 and never received a dose of MMR.
- I am a woman thinking about a future pregnancy and do not know if I'm immune to rubella.
- I am included in one of the following groups for whom two doses of MMR are recommended, but I have only received one dose of MMR.
 - I am a healthcare worker.
 - I travel internationally to developing countries.
 - I am entering a post high school educational institution.
 - I am thinking about a future pregnancy and had a blood test that shows I do not have immunity to rubella.

Travel vaccines

If you plan to travel outside of Canada consult a travel health clinic, your doctor, local public health office or www.travelhealth.gc.ca for vaccinations that can protect your health.

For further information:

National Advisory Committee on Immunization (NACI)

www.phac-aspc.gc.ca/naci-ccni/index.html

Canadian Coalition for Immunization Awareness & Promotion

www.immunize.cpha.ca

Canadian Coalition for Immunization Awareness & Promotion (CCIAP)

This document was adapted from "Do I Need Any Vaccinations Today?" by the Immunization Action Coalition, St. Paul, Minnesota and is available on the CCIAP web site www.immunize.cpha.ca

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