

Shingles(ZOSTAVAX) Screening Form

Revised 08/2017

Resident label

Last Name

First Name

DOB

INFECTION CONTROL

Is the resident 60 or older? YES NO

Shingles Vaccination History:

Vaccine Record Source:

Date Received: Date Received: Date Received:

Based on CDC/ACIP guidelines infection control recommends: Shingles Vaccination No Shingles vaccination

Infection Prevention Date Time

NURSING SCREENING FOR ELIGIBILITY

Is resident, parent, or legal representative able to answer the shingles screening questions?

YES Complete the rest of this section NO STOP and contact the POA for approval, or PCP for order

Name of POA

Do any of the following apply to this resident?

Fever > 101.3 F (38.5 C) in the last 24 hours?	<input type="radio"/> YES <input type="radio"/> NO	If YES to ANY questions STOP screening. This resident is not eligible for shingles vaccination. Do not administer vaccine without physician consult.	If NO to ALL questions VACCINE is INDICATED. Please offer vaccine and provide VIS sheet education on risks and benefits.
Report of prior shingles vaccination not identified by infection control?	<input type="radio"/> YES <input type="radio"/> NO		
Report of allergic reaction to Shingles vaccine, gelatin, or antibiotic neomycin?	<input type="radio"/> YES <input type="radio"/> NO		
History of HIV/AIDS or another disease that affects the immune system?	<input type="radio"/> YES <input type="radio"/> NO		
Current treatment with drugs that affect the immune system (steroids)?	<input type="radio"/> YES <input type="radio"/> NO		
Admitted for chemotherapy, radiation therapy, or have received within the past two weeks?	<input type="radio"/> YES <input type="radio"/> NO		
Cancer affecting the bone marrow or lymphatic system, such as leukemia or lymphoma?	<input type="radio"/> YES <input type="radio"/> NO		
Pregnancy?	<input type="radio"/> YES <input type="radio"/> NO		
Clinically unstable at time of screening?	<input type="radio"/> YES <input type="radio"/> NO		

Resident/POA accepted vaccination, VIS sheet provided dated 10/6/2009

If resident or care giver accepts vaccination, complete Standing Order sheet for vaccine with RCC and scan to pharmacy.

Resident is not eligible Resident/POA Declined

RN/LPN Signature: Date Time

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