

# ADULTS VACCINE REQUIREMENTS\_ENG

NOME- COGNOME.....

DATA.....

1	Are you: <input type="checkbox"/> Male <input type="checkbox"/> Female If you are female, report what concerns you: <input type="checkbox"/> I could become pregnant <input type="checkbox"/> I am pregnant now <input type="checkbox"/> I am not planning to become pregnant <input type="checkbox"/> I could not become pregnant
2	What year were you born? (Some vaccines are age-related) .....
3	Will you be traveling outside the Europe in the near future? <input type="checkbox"/> YES <input type="checkbox"/> NO
4	Do you have a weakened immune system due to illness or medications? <input type="checkbox"/> YES <input type="checkbox"/> NO
5	Do you have HIV infection? <input type="checkbox"/> YES <input type="checkbox"/> NO
6	Are you a first-year college student who lives in a college dormitory or a new military recruit? <input type="checkbox"/> YES <input type="checkbox"/> NO
7	Are you a resident in a nursing home or chronic-care facility? <input type="checkbox"/> YES <input type="checkbox"/> NO
8	Do you work with patients in a doctor's office, hospital, nursing home, or other healthcare setting? <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Some of the conditions and behaviors listed below can put you at higher risk of certain infections.</b>	
9	Do you have any of these medical conditions? Check all that apply to you. <input type="checkbox"/> Heart disease (for example, congestive heart failure) <input type="checkbox"/> Diabetes mellitus type 1 or 2 (also called "sugar diabetes") <input type="checkbox"/> Chronic lung disease (example, asthma and chronic obstructive pulmonary disease [COPD]) <input type="checkbox"/> Kidney failure, end-stage renal disease, or on dialysis <input type="checkbox"/> Chronic liver disease (example, hepatitis C virus infection, cirrhosis, and alcoholic liver disease) <input type="checkbox"/> Spleen has been damaged or removed (for example, due to surgery or sickle cell disease) <input type="checkbox"/> Cancer or cancer treatment <input type="checkbox"/> Bone marrow transplant
10	Check all that apply to you. <input type="checkbox"/> Alcoholism <input type="checkbox"/> Smoke cigarettes <input type="checkbox"/> Man who has sex with men <input type="checkbox"/> Travel to some countries or exposure to contaminated food or drinks (hepatitis A) <input type="checkbox"/> Travel to some countries or exposure to blood or bodily fluids (hepatitis B)
11	Have you had the chickenpox disease or received the chickenpox vaccine? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> I DON'T KNOW

Find out which vaccines you may need. <https://www2.cdc.gov/nip/adultimmsched/>

The vaccines for you are: .....

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