

Worker Name: _____
 Provider Name: _____

Provider to Complete: Check the box of any vaccine that cannot be administered, circle the appropriate contraindication(s). For each box checked, at least one contraindication should be circled. Remaining vaccines for which there is no contraindication should be crossed out.

Vaccine	Contraindication
<input type="checkbox"/> Hepatitis B	<ul style="list-style-type: none"> • Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component • Hypersensitivity to yeast
<input type="checkbox"/> Diphtheria, tetanus, acellular pertussis (DTaP or Tdap)	<ul style="list-style-type: none"> • Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component • Encephalopathy (e.g., coma, decreased level of consciousness, prolonged seizures), not attributable to another identifiable cause, within 7 days of administration of previous dose of DTP or DTaP
<input type="checkbox"/> recombinant influenza vaccine (RIV)	Severe allergic reaction (e.g., anaphylaxis) to any component of the vaccine
<input type="checkbox"/> live, attenuated influenza vaccine (LAIV)	<ul style="list-style-type: none"> • Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component • Concomitant use of aspirin or aspirin-containing medication in children and adolescents • LAIV4 should not be administered to persons who have taken oseltamivir or zanamivir within the previous 48 hours, peramivir within the previous 5 days, or baloxavir within the previous 17 days. • Pregnancy • Children aged 2 through 4 years who have received a diagnosis of asthma or whose parents or caregivers report that a health care provider has told them during the preceding 12 months that their child had wheezing or asthma or whose medical record indicates a wheezing episode has occurred during the preceding 12 months. • Persons with active cerebrospinal fluid/oropharyngeal communications/leaks. • Close contacts and caregivers of severely immunosuppressed persons who require a protected environment. • Persons with cochlear implants (due to the potential for CSF leak, which might exist for some period of time after implantation. Providers might consider consultation with a specialist concerning risk of persistent CSF leak if an age-appropriate inactivated or recombinant vaccine cannot be used). • Altered Immunocompetence • Anatomic or functional asplenia (e.g. sickle cell disease)

Vaccine	Contraindication
<input type="checkbox"/> Measles-mumps-rubella (MMR)	<ul style="list-style-type: none"> • Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component • Pregnancy • Known severe immunodeficiency (e.g., from hematologic and solid tumors, receipt of chemotherapy, congenital immunodeficiency, long-term immunosuppressive therapy or patients with HIV infection who are severely immunocompromised) • Family history of altered immunocompetence
<input type="checkbox"/> Varicella (chickenpox)	<ul style="list-style-type: none"> • Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component • Known severe immunodeficiency (e.g., from hematologic and solid tumors, receipt of chemotherapy, congenital immunodeficiency, long-term immunosuppressive therapy or patients with HIV infection who are severely immunocompromised) • Pregnancy • Family history of altered immunocompetence
<input type="checkbox"/> COVID-19	Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component
<input type="checkbox"/> Other	

Worker Signature: _____ Date: _____
 Witness Signature: _____ Date: _____
 Provider Signature: _____ Date: _____

I have had the opportunity to rediscuss the reason(s) I cannot receive the vaccinations indicated above.

Worker Initials: _____ Date: _____