

Your name: _____ Date of birth: ____/____/____ Today's date: ____/____/____
(mo.) (day) (yr.) (mo.) (day) (yr.)



Do I Need Any Vaccinations Today?

Many adults are behind on their vaccinations. Do you know if you are completely up to date? These checklists will help you determine if you need any vaccinations today. Please check the boxes that pertain to you.

Influenza vaccination

- I am 50 years of age or older, so I should get a flu shot.
- I am less than 50 years old, and I have one or more of the following, so I should get a flu shot:
 - lung disease
 - heart disease
 - kidney disease
 - diabetes mellitus
 - HIV/AIDS
 - a disease that affects the immune system
 - I live in a nursing home or chronic care facility.
 - I live with someone who is in one of the above risk groups.
 - I will be in my 2nd or 3rd trimester of pregnancy during influenza season (December–March).
 - I am a health care worker.
 - I provide essential community services.
- I am not in one of the groups listed above, but I'd like a flu shot to avoid getting influenza this season.

Pneumococcal vaccination

- I am 65 years of age or older, and I have never had a dose of pneumococcal vaccine, so I need this vaccination.
 - I am 65 years of age or older, had a previous dose when I was under 65, and it has been at least 5 years since that dose, so I need a second dose now.
 - I am less than 65 years old, and I have one of the following health problems, and I have never had a dose of pneumococcal vaccine, so I need this vaccination.
 - lung disease (not asthma)
 - heart disease
 - diabetes mellitus
 - kidney disease
 - liver disease
 - cerebrospinal fluid leak
 - alcoholism
 - I am less than 65 years old, and I have one of the following health problems listed below that puts me at high risk for pneumococcal disease and:
 - I have never had a dose of pneumococcal vaccine, so I need two doses spaced 5 years apart.
 - It has been at least 5 years since my first dose of pneumococcal vaccine, so I need a second dose now.
 - sickle cell disease
 - had my spleen removed
 - HIV/AIDS
 - Hodgkin's disease
 - leukemia
 - on medication or receiving x-ray treatment that affects my immune system
 - organ or bone marrow transplant
 - lymphoma
 - multiple myeloma
 - generalized malignancy
- Approximate date that I last had pneumococcal vaccine: _____

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The New York City Department of Health and Mental Hygiene