

Fit To Immunize Assessment

Ask the following list of questions where appropriate, based on vaccine(s) being administered at each immunization visit. Further nursing assessment may be required prior to immunization based on client responses. Refer to [Standard on the Contraindications and Precautions Related to Immunization](#) for details.

1. Are you/is your child well today?

Rationale: Minor acute illness with or without fever is not a contraindication.

2. Do you/does your child have any allergies?

Rationale: Known anaphylactic hypersensitivity to any component of the vaccine is a contraindication.

Exception: Individuals with an egg allergy can be safely immunized with MMR vaccine, MMR-Var vaccine and inactivated or live attenuated influenza vaccines.

3. Have you/has your child ever had a reaction to a vaccine?

Rationale: To determine if there is any contraindication to administration of vaccine and to ensure past [Adverse Events Following Immunization](#) have been reported and assessed appropriately.

4. Do you/does your child have any health conditions?

Rationale: To identify medical conditions that may be a precaution/contraindication to receiving vaccine, to determine vaccine eligibility due to underlying health conditions, and to identify upcoming surgery. Minor surgery including dental procedures are not a contradiction.

5. Do you/does your child take any medications?

Rationale: To identify any medications that may be a precaution/contraindication to receiving vaccine or reduce vaccine efficacy.

6. For children 12-23 months of age, is there a history of seizures in your child or your child's immediate family (for example, parents or siblings)?

Rationale: To determine if MMR and Varicella vaccines should be offered separately.

7. Have you/has your child received any other vaccines/biologicals in the past 4 weeks?

Rationale: To identify individuals who have received any live parenteral vaccines which could interfere with administration of other live vaccines or if they have received vaccine and spacing needs to be considered.

8. Have you/has your child had this vaccine before?

Rationale: To determine appropriate spacing/number of doses required based on immunization history.

9. Have you/has your child received any blood or blood products in the past year?

Rationale: To identify individuals who have received blood/blood products which may interfere with administration of live vaccines.

10. Are you pregnant, lactating or planning on becoming pregnant?

Rationale: To determine contraindication to a vaccine, and to offer an opportunity to discuss risk and benefits.

To identify clients who may become pregnant and advise regarding recommended interval following administration of a live vaccine.

11. Do you provide healthcare services to, or do you/does your child have close contact with persons who are immunocompromised?

Rationale: To provide advice to an immunized person about how to prevent transmission of infection to a person who is immunocompromised (for example, covering a varicella vaccine rash).

12. For infants receiving a live vaccine, is there any known or suspected family history of congenital immunodeficiency disorder, HIV infection, or failure to thrive and recurrent infections?

Rationale: To rule out immunodeficiency disorders prior to immunization as immunocompromising conditions are less likely to be diagnosed in young children.

13. Has the person who was pregnant taken any immunocompromising medications during pregnancy?

Rationale: Immunocompromising medications taken during pregnancy can cause immunosuppression through vertical transmission in pregnancy.