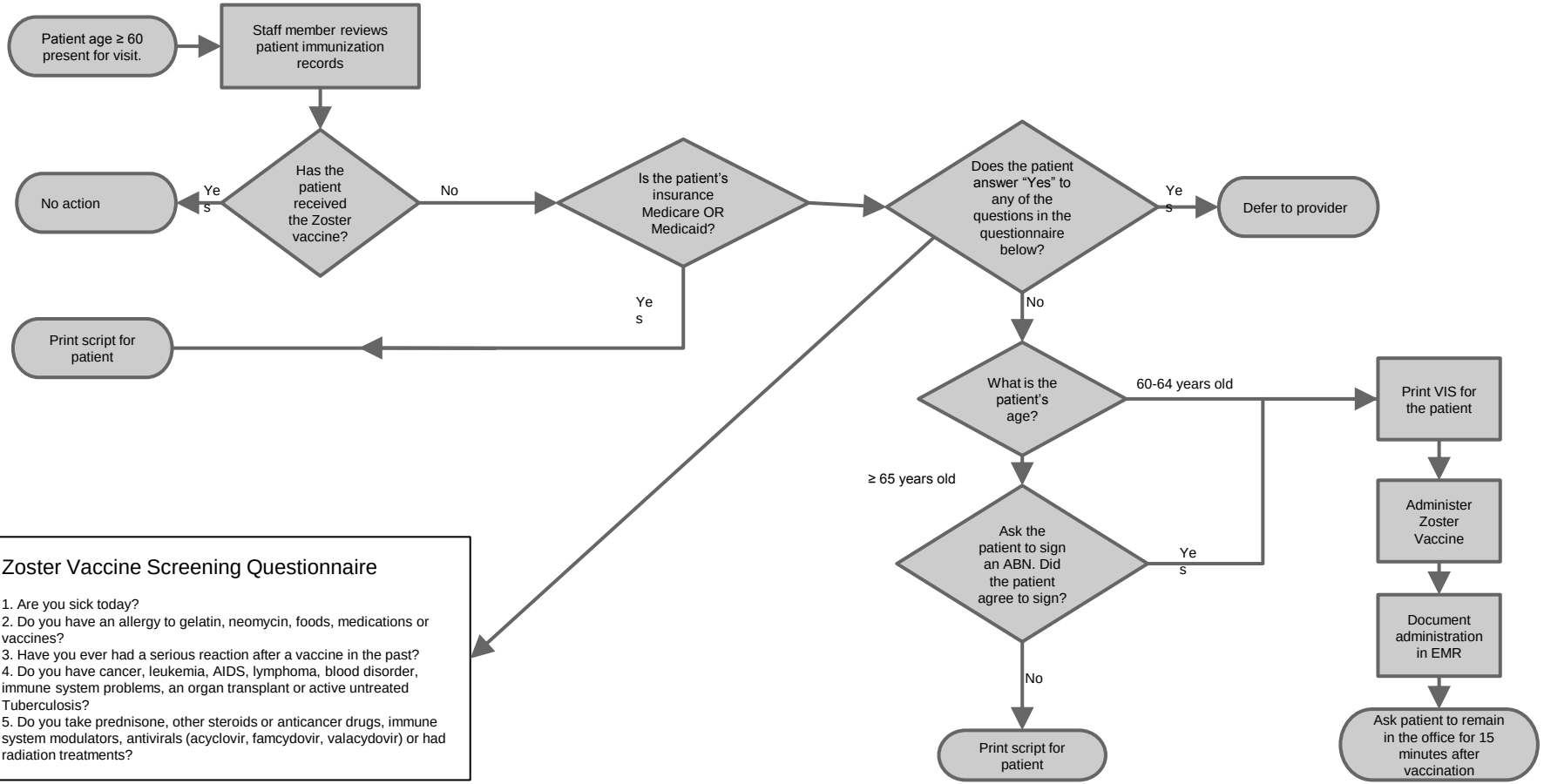
Zoster Vaccination Workflow Adult Age ≥ 60

Note: A provider is required to be on site if considering vaccination



Zoster Vaccine Screening Questionnaire

1. Are you sick today?
2. Do you have an allergy to gelatin, neomycin, foods, medications or vaccines?
3. Have you ever had a serious reaction after a vaccine in the past?
4. Do you have cancer, leukemia, AIDS, lymphoma, blood disorder, immune system problems, an organ transplant or active untreated Tuberculosis?
5. Do you take prednisone, other steroids or anticancer drugs, immune system modulators, antivirals (acyclovir, famcydovir, valacydovir) or had radiation treatments?