



525 South Drive, Suite 107  
Mountain View, CA 94040  
Phone: 650-386-0386  
Fax: 650-386-0468

## VACCINE COMPONENTS ALLERGY QUESTIONNAIRE

Name: \_\_\_\_\_

Date: \_\_\_\_\_

A significant allergic reaction is any of the following: Whole-body itching, redness or hives (puffy rash), swelling of the lips, face or throat, wheezing, difficulty breathing, abdominal cramping, dizziness, fainting or a need to be hospitalized. Have you had a significant allergic reaction to any of the following?

- |           |          |  |
|-----------|----------|--|
| _____ Yes | _____ No | Milk   |
| _____ Yes | _____ No | Egg  |
| _____ Yes | _____ No | Gelatin (the protein in beef or pork)  |
| _____ Yes | _____ No | Gentamicin (Only <i>Gentamicin</i> ; <b>NOT</b> any other antibiotic that may sound like it)     |
| _____ Yes | _____ No | Streptomycin (Only <i>Streptomycin</i> ; <b>NOT</b> any other antibiotic that may sound like it) |
| _____ Yes | _____ No | Latex (reaction affecting your whole body, not just a local rash)                                |
| _____ Yes | _____ No | Yeast  |

A significant to antibiotic ointment or cream put on the skin would result in swelling, redness or itching caused by the antibiotic, not by the skin infection it was treating. Have you had a significant allergic reaction to any of the following?

- |           |          |   |
|-----------|----------|---|
| _____ Yes | _____ No | Polysporin antibiotic ointment or cream |
| _____ Yes | _____ No | Neosporin antibiotic ointment or cream  |