

# 아동 및 십대 아이의 백신 접종 금기 사항에 대한 선별검사 점검표

환자 이름 \_\_\_\_\_

생년월일 \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
                  년    월    일

**부모/보호자:** 다음 질문들은 현재 귀 자녀에게 어떤 백신이 필요한지 결정하는 데 도움이 됩니다. 어떤 질문에 대해 “예”라고 답변하는 경우, 그것이 귀 자녀가 백신 접종을 받지 말아야 한다는 것을 의미하지는 않습니다. 이는 단지 추가 추가 질문이 필요함을 의미합니다. 질문이 명확하지 않은 경우, 담당 의료인에게 그에 대해 설명해 달라고 요구하십시오.

|                                                                                                                                         | 예                        | 아니요                      | 알 수 없음                   |
|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 1. 오늘 아이가 아프니까?                                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. 아이가 약물, 음식, 백신 성분 또는 라텍스에 대해 알레르기 반응을 보입니까?                                                                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. 아이가 과거에 백신에 대해 심각한 반응을 보였습니까?                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. 아이에게 심장, 폐(천식 포함), 신장, 간, 신경계, 대사 질환(예: 당뇨병), 혈액 질환, 비장 제거, 인공 와우 이식, 또는 척수액 누출 등의 장기적인 건강 문제가 있습니까? 장기 아스피린 또는 살리실산염 약물을 복용하고 있습니까? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. 2~4세 소아의 경우: 의료서비스 제공자가 지난 12개월 이내에 아이에게 천명이나 천식이 있다고 말한 적이 있습니까?                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. 영아의 경우: 아이에게 장중첩이 있다고 들은 적이 있습니까?                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. 아이, 형제자매 또는 부모에게 발작이 있었습니까? 아이에게 뇌 또는 기타 신경계 문제가 있었습니까?                                                                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. 아이가 코로나-19를 유발하는 바이러스 감염 후 심장 질환(심근염 또는 심낭염) 진단을 받은 적이 있거나 다기관 염증 증후군(Multisystem Inflammatory Syndrome, MIS-C)을 앓은 적이 있습니까?         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. 아이에게 암, 백혈병, HIV/AIDS 등의 면역계 문제가 있습니까?                                                                                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. 지난 6개월 이내에, 아이가 프레드니손, 기타 스테로이드 또는 항암 약물, 류마티스성 관절염, 크론병 또는 건선 치료 약물과 같이 면역계에 영향을 미치는 약물을 복용하거나 방사선 치료를 받은 적이 있습니까?                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. 아이의 부모 또는 형제자매에게 면역계 문제가 있습니까?                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. 작년에, 아이가 면역(감마) 글로불린, 혈액 또는 혈액 제품이나 항바이러스약을 투여 받은 적이 있습니까?                                                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. 아이/십대가 임신 중입니까?                                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. 아이가 지난 4주 이내에 백신 접종을 받았습니까?                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. 아이가 주사 전, 주사 중 또는 주사 후에 어지러움을 느끼거나 실신한 적이 있습니까?                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. 아이가 오늘 주사를 맞는 것에 대해 불안해 합니까?                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

양식 작성자 \_\_\_\_\_ 날짜 \_\_\_\_\_

양식 검토자 \_\_\_\_\_ 날짜 \_\_\_\_\_

백신 접종 기록 카드를 지참하십니까?    예 ☐    아니요 ☐

귀 자녀의 백신 접종에 대한 개인 기록을 보유하는 것이 중요합니다. 개인 기록이 없다면, 아이의 담당 의료인에게 귀 자녀의 모든 백신 접종 내역이 적힌 기록을 제공해 달라고 요청하십시오. 안전한 장소에 이를 보관하고, 귀 자녀가 진료를 받을 때마다 이를 지참하십시오. 귀 자녀가 주간 보호 시설이나 학교에 들어가거나, 취업을 하거나, 해외 여행을 떠나려면 이 서류가 필요합니다.



## Information for Healthcare Professionals about the Screening Checklist for Contraindications to Vaccines (Children and Teens)

Read the information below for help interpreting answers to the screening checklist.  
To learn even more, consult the references in **Note** below.

**NOTE:** For additional details, see CDC’s “Child and Adolescent Immunization Schedule” ([www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html](http://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html)) and *General Best Practice Guidelines for Immunization* sections on “Contraindications and Precautions” ([www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html)) and “Altered Immunocompetence” ([www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html)). For more details on COVID-19 vaccines, see “Use of COVID-19 Vaccines in the United States: Interim Clinical Considerations” at [www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html](http://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html).

1. Is the child sick today? [all vaccines]

There is no evidence that acute illness reduces vaccine effectiveness or safety. However, as a precaution, all vaccines should be delayed until moderate or severe acute illness has improved. Mild illnesses with or without fever (e.g., otitis media, "colds," and diarrhea) and antibiotic use are not contraindications to routine vaccination.

2. Does the child have allergies to medicine, food, a vaccine component, or latex? [all vaccines]

**Gelatin:** If a person has anaphylaxis after eating gelatin, do not give vaccines containing gelatin. **Latex:** An anaphylactic reaction to latex is a contraindication to vaccines with latex as part of the vaccine's packaging (e.g., vial stoppers, prefilled syringe plungers, prefilled syringe caps). For details on latex in vaccine packaging, refer to the package insert (listed at [www.fda.gov/vaccines-blood-biologics/vaccines/vaccines-licensed-use-united-states](http://www.fda.gov/vaccines-blood-biologics/vaccines/vaccines-licensed-use-united-states)). **COVID-19 vaccine:** History of a severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a COVID-19 vaccine component is a contraindication to use of the same vaccine type. People may receive the alternative COVID-19 vaccine type (either mRNA or protein subunit) if they have a contraindication or an allergy-related precaution to one COVID-19 vaccine type. Allergy-related precautions include history of 1) diagnosed non-severe allergy to a COVID-19 vaccine component; 2) non-severe, immediate (onset less than 4 hours) allergic reaction after a dose of one COVID-19 vaccine type (see **Note**).

**Not contraindications:** **Eggs:** ACIP and CDC do not consider egg allergy of any severity to be a contraindication or precaution to any egg-based influenza vaccine. **Injection site reaction** (e.g., soreness, redness, delayed-type local-reaction) to a prior dose or vaccine component is not a contraindication to a subsequent dose or vaccine containing that component.

3. Has the child had a serious reaction to a vaccine in the past? [all vaccines]

- Anaphylaxis to a previous vaccine dose or vaccine component is a contraindication for subsequent doses of corresponding vaccines (see question 2).
- Usually, one defers vaccination when a precaution is present, unless the benefit outweighs the risk (e.g., during an outbreak).
- A history of encephalopathy within 7 days of DTP/DTaP is a contraindication for further doses of any pertussis-containing vaccine.
- Other "serious reactions" that this child experienced following vaccination might constitute contraindications or precautions to future doses. See the appendix on vaccine contraindications and precautions in the **Note** section above.

4. Does the child have a long-term health problem with heart, lung (including asthma), kidney, liver, nervous system, or metabolic disease (e.g., diabetes), a blood disorder, no spleen, a cochlear implant, or a spinal fluid leak? Are they taking regular aspirin or salicylate medication? [MMR, MMRV, LAIV, VAR]

**LAIV** is not recommended for children with cerebrospinal fluid leak, anatomic or functional asplenia, cochlear implant, a child age 2 through 4 years with a history of asthma or wheezing, or current aspirin or salicylate-containing medication use. Precautions to **LAIV** include any underlying health condition that increases the risk of influenza complications (see package insert or CDC schedule for details). **MMR & MMRV:** A history of thrombocytopenia or thrombocytopenic purpura is a precaution to **MMR** and **MMRV**. **VAR:** Aspirin use is a precaution to **VAR** due to the association of aspirin use, chickenpox, and Reye syndrome in children and adolescents.

5. For children age 2 through 4 years: Has a healthcare provider told you that the child had wheezing or asthma in the past 12 months? [LAIV]

Children ages 2 through 4 years who had a wheezing episode within the past 12 months should not get LAIV. Give IIV or RIV instead.

6. For babies: Have you ever been told the child had intussusception? [Rotavirus]

Infants who have a history of intussusception (i.e., the telescoping of one portion of the intestine into another) should **not** be given rotavirus vaccine.

7. Has the child, a sibling, or a parent had a seizure; has the child had a brain or other nervous system problem? [DTaP, Td, Tdap, IIV, LAIV, MMRV, RIV]

For patients with stable neurologic disorders (including seizures) unrelated to vaccination, or with a family history of seizures, vaccinate as usual (exception: children with a first degree relative [e.g., parent or sibling] or personal history of seizures generally should receive separate MMR and VAR, not MMRV). **Pertussis-containing vaccines:** DTaP and Tdap are contraindicated in children who have a history of encephalopathy within 7 days

following DTP/DTaP. An unstable progressive neurologic problem is a precaution to using DTaP and Tdap. **a history of Guillain-Barré syndrome (GBS):** a) Td/Tdap: GBS within 6 weeks of a tetanus-toxoid vaccine is a precaution; if the decision is made to vaccinate, give Tdap instead of Td; b) all influenza vaccines: GBS within 6 weeks of an influenza vaccine is a precaution; influenza vaccination should generally be avoided unless the benefits outweigh the risks (e.g., for those at higher risk for influenza complications).

8. Has the child ever been diagnosed with a heart condition (myocarditis or pericarditis) or have they had Multisystem Inflammatory Syndrome (MIS-C) after an infection with the virus that causes COVID-19?

Precautions to COVID-19 vaccination include a history of myocarditis or pericarditis within 3 weeks after a dose of any COVID-19 vaccine or a history of Multisystem Inflammatory Syndrome (MIS-C). Myocarditis or pericarditis within 3 weeks after a dose of any COVID-19 vaccine is a precaution: the person should generally not receive additional COVID-19 vaccine. A child with a history of myocarditis or pericarditis unrelated to vaccination may receive a COVID-19 vaccine once the condition has completely resolved. A child with a history of MIS-C may be vaccinated if the condition has fully resolved and it has been at least 90 days since diagnosis. Refer to CDC COVID-19 vaccine guidance for additional considerations for myocarditis, pericarditis, and MIS (see [Note](#)).

9. Does the child have an immune-system problem, such as cancer, leukemia, HIV/AIDS?  
[LAIV, MMR, MMRV, Rotavirus, VAR]

Live virus vaccines are usually contraindicated in immunocompromised people with exceptions. For example, **MMR** is recommended for asymptomatic HIV-infected patients who are not severely immunosuppressed. **VAR** should be administered (if indicated) to people with isolated humoral immunodeficiency. **LAIV** is contraindicated in immunosuppressed people; give **ILV** or **RIV** instead. Infants with severe combined immunodeficiency (SCID) should not be given a live virus vaccine, including **rotavirus vaccine**, but other forms of immunosuppression are a precaution, not a contraindication, to rotavirus vaccine. See "General Best Practice Guidelines: Altered Immunocompetence" at [www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html).

10. In the past 6 months, has the child taken medications that affect the immune system such as prednisone, other steroids, or anticancer drugs; drugs to treat rheumatoid arthritis, Crohn's disease, or psoriasis; or had radiation treatments? [LAIV, MMR, MMRV, VAR]

Live virus vaccines should be postponed until after chemotherapy or long-term high-dose steroid therapy has ended. See **Note** above. Some immune mediator and modulator drugs (especially anti-necrosis factor [TNF] agents) may be immunosuppressive. Avoid live virus vaccines in people taking immunosuppressive drugs. A list of these is in CDC's *Yellow Book* at [wwwnc.cdc.gov/travel/yellowbook/2024/additional-considerations/immunocompromised-travelers](http://wwwnc.cdc.gov/travel/yellowbook/2024/additional-considerations/immunocompromised-travelers).

11. Does the child's parent or sibling have an immune system problem? [MMR, MMRV, VAR]

MMR, MMRV, and VAR vaccines should **not** be given to a patient with a family history of congenital or hereditary immunodeficiency in first-degree relatives (e.g., parents, siblings) unless the patient's immune competence has been verified clinically or by a laboratory.

12. In the past year, has the child received immune (gamma) globulin, blood/blood products, or an antiviral drug? [MMR, MMRV, LAIV, VAR]

See **Note** (schedule) for antiviral drug information (VAR, LAIV). See "Timing and Spacing of Immunobiologics" ([www.cdc.gov/vaccines/hcp/acip-recs/general-recs/timing.html#antibody](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/timing.html#antibody)) for intervals between MMR, VAR, and certain blood/blood products, immune globulin.

13. Is the child/teen pregnant? [HPV, IPV, LAIV, MenB, MMR, MMRV, VAR]

**Live virus vaccines** (e.g., LAIV, MMR, MMRV, VAR) are contraindicated in pregnancy due to the theoretical risk of virus transmission to the fetus. People who could become pregnant and receive a live virus vaccine should be instructed to avoid pregnancy for 1 month after vaccination. **IPV and MenB** should not be given except to those with an elevated risk of exposure during pregnancy. **HeptB**: Hepelisav-B and PreHenvrio are not recommended during pregnancy, use Engerix-B or Recombivax-HB. **HPV** is not recommended during pregnancy.

14. Has the child received vaccinations in the past 4 weeks? [LAIV, MMR, MMRV, VAR, yellow fever]

Children given live virus vaccines, such as those listed above, should wait 28 days before receiving another live virus vaccine (wait 30 days for yellow fever vaccine). Inactivated vaccines may be given at the same time or at any spacing interval.

15. Has the child ever felt dizzy or faint before, during or after a shot?

Fainting (syncope) or dizziness is not a contraindication or precaution to vaccination; it may be an anxiety-related response to any injection. CDC recommends vaccine providers consider observing all patients for 15 minutes after vaccination. See Immunize.org's resource on vaccination and syncope at [www.immunize.org/catg.d/p4260.pdf](http://www.immunize.org/catg.d/p4260.pdf).

16. Is the child anxious about getting a shot today?

Anxiety can lead to vaccine avoidance. Simple steps can ease a patient's anxiety about vaccination. Visit [Immunize.org](http://Immunize.org)'s "Addressing Vaccination Anxiety" clinical resources at [www.immunize.org/clinical/topic/addressing-anxiety/](http://www.immunize.org/clinical/topic/addressing-anxiety/)

## VACCINE ABBREVIATIONS

DTaP = Diphtheria, tetanus, & acellular pertussis vaccine  
HPV = Human papillomavirus vaccine  
IIV = Inactivated influenza vaccine  
cIIV = cell culture inactivated influenza vaccine

IPV = Inactivated poliovirus vaccine  
LAIV = Live attenuated influenza vaccine  
MenB = Meningococcal B vaccine  
MMR = Measles, mumps, and rubella vaccine

MMRV = MMR+VAR vaccine  
RIV = Recombinant influenza vaccine  
Td, Tdap = Tetanus, diphtheria, (acellular pertussis) vaccine  
VAR = Varicella vaccine