

**SAMMC, Allergy-Immunology Clinic Immunization Order Form  
(Form Required for Non-Routine and Special Population Vaccination)**

PATIENT: \_\_\_\_\_ SSN/DOD-ID: \_\_\_\_\_ DOB: \_\_\_\_\_

INDICATION FOR VACCINATION REQUESTED: \_\_\_\_\_

Initials to order	Vaccine	Dose	Route	Schedule
	<b>Hepatitis A</b> (Havrix)	1.0 mL	IM	2 dose (0, 6-12 months) Adults ≥ 19 yrs
	<b>Hepatitis A and B</b> (Twinrix)	1.0 mL	IM	3 dose (0, 1, 6 months) Adults ≥ 18 yrs
	<b>Hepatitis B</b> (Recombivax-HB or Engerix-B)	1.0 mL	IM	3 dose (0, 1, 6 months) Adults ≥ 20 yrs
	<b>Hepatitis B, 40 mcg</b> (dialysis, renal failure, immunocompromised)	Re:1 mL En:2 mL	IM	Recombivax-HB: 3 dose (0, 1, 6 months) Engerix-B: 4 dose (0, 1, 2, 6 months)
	<b>Hib</b> (Haemophilus influenza B conjugate) (ActHib)	0.5 mL	IM	<i>For asplenia if never received previously</i> (1 dose) <i>For special populations (BMT; must present post stem cell transplant immunization form)</i> (3 doses)
	<b>Human Papillomavirus</b> (HPV4 = Gardasil)	0.5 mL	IM	3 dose (0, 1-2, 6 months) Ages 9-26 yrs ( <i>our clinic sees 18 yrs and older</i> )
	<b>MMR</b> (Measles-Mumps-Rubella) ( <u>live</u> )	0.5 mL	SQ	<b>**Obtain titers for adult patients; if negative, then refer for vaccination with proof of negative titers</b> Adults: 1 dose booster as required 2 doses (0, 4 wks) if neg. titer and never vaccinated
	<b>Meningococcal</b> (conjugate) (MenACWY – Menactra, Menveo)	0.5 mL	IM	Routine single dose 11-12 yrs; booster 16-21 yrs (or single dose if none given at 11-12 yrs) ( <b>**our clinic only sees 18 yrs and older</b> ) Adults with asplenia or complement deficiencies: 2 doses, 2 months apart Booster every 5 years
	<b>Meningococcal</b> (polysaccharide) (MPSV4 – Menomune)	0.5 mL	SQ	1 dose (based on travel or community outbreak) <i>Preferred for ≥56 yrs unless special population who may need boosters, then given MenACWY (above)</i>
	<b>Pneumococcal</b> (polysaccharide) (Pneumovax23 or PPSV23)	0.5 mL	IM	≥19 yrs with high risk condition ≥ 65 yrs <i>see back for indications and schedule</i>
	<b>Pneumococcal</b> (conjugate) (Prenvar13 or PCV13)	0.5 mL	IM	≥19 yrs who are immunocompromised ≥65 yrs <i>see back for indications and schedule</i>
	<b>Polio</b> (inactivated)	0.5 mL	SQ / IM	<i>Adult: booster if military &gt;18 yrs or for travel (send to medical readiness or travel clinic) or special populations (ie. bone marrow transplant; must present post stem cell transplant immunization form)</i>
	<b>PPD / TST</b>	0.1 mL	ID	With read @ 48-72 hrs
	<b>Rabies</b> (RavAvert)	1.0 mL	IM	Pre-exposure: 3 dose (0, 7, 21-28 days) Post exposure: 4 dose (0, 3, 7, 14 days) High risk: booster every 2-5 yrs or if negative titer
	<b>Td</b> (Tetanus-diphtheria)	0.5 mL	IM	1 dose booster every 10 yr ≥ 7 yrs never vaccinated: 3 dose (0, 1, ≥ 7 months)* <i>*use Tdap for 1<sup>st</sup> dose</i>
	<b>Tdap</b> (Tetanus-diphtheria-acellular pertussis ) (Boostrix)	0.5 mL	IM	1 dose required for those ≥10yrs of age and with every pregnancy (27-36 wks gestation)
	<b>Varicella</b> ( <u>live</u> ) (Varivax)	0.5 mL	SQ	<b>**Obtain titers for adult patients; if negative, then refer for vaccination with proof of negative titers</b> Adult: 2 doses (0, 4-8 wks)
	<b>Zoster</b> ( <u>live</u> ) (Zostavax; Shingles)	0.65 mL	SQ	1 dose ≥ 50 yrs

**Questions: Call to speak with a provider 210 916-3011, option 8**

**\*\*ONLY adults** (18 years and older) will be seen for walk-in vaccinations

**\*\* See clinic hours** (on back)

**\*\* Live vaccines** will be avoided in patients indicating immunocompromised status **UNLESS** explicit instructions are stipulated by provider

**\*\*Off-label schedule** (other than what is listed here) requires specific instructions

**\*\*Travel** vaccinations – refer to travel clinic (infectious disease). **Deployment** vaccinations/**military readiness** vaccines - refer to military readiness

**\*\*Clinic does not transcribe** prior vaccinations into electronic medical system unless the vaccine is administered in our clinic or part of a series administered in our clinic. Clinic does not **print off vaccine records** unless a vaccine is provided (refer to medical records)

**\*\*Vaccines not provided to non-Tricare beneficiaries** unless advised by occupational health as a requirement for duty assignment

**\*\*Refer patients to influenza** campaign for influenza vaccination (210 916-7FLU)

**\*\*Clinic does not have access to Navy MRRS system** for military vaccine records

References:  
<http://www.cdc.gov/vaccines/schedules/hcp/adult.html>  
<http://www.cdc.gov/vaccines/hcp/acip-recs/index.html>

Ordering provider (print)

Ordering provider (signature)

Date

Contact number

Clinic/Department

Staff/Fellow/Resident  
(Circle one)



**Allergy/Immunology Clinic**  
**Brooke Army Medical Center**  
**Phone: (210) 916-3011/1898**



**Please also visit our website at**

**<http://www.bamc.amedd.army.mil/departments/medicine/allergy/>**

**→→→ To Make Appointments, Call: (210) 916-9900 ←←←**

## Allergy Shot/Immunization Walk-in Hours

Morning					Afternoon		
7:30 am ----- 11:15 am					1:15 pm ----- 3:45 pm		
<b>MON</b>	<b>TUE</b>	<b>WED</b>	<b>THUR</b>	<b>FRI</b>	<b>MON</b>	<b>TUE</b>	<b>THUR</b>

## Tuberculin Skin Test Walk-in Hours

Morning				Afternoon			
7:30 am --- 11:15 am				1:15 pm ----- 3:45 pm			
<b>MON</b>	<b>TUE</b>	<b>WED</b>	<b>FRI</b>	<b>MON</b>	<b>TUE</b>	<b>WED</b>	<b>FRI</b>

<b>Location:</b>	<b>3rd Floor Medical Mall, between Elevator E and the Nephrology Clinic</b>
<b>Notes:</b>	<b>Immunizations provided for ages 18 years and older ONLY</b>
	<b>Clinic is closed 1st Wed of the month from 3:00-4:00pm for admin meeting</b>

Patients 19-64 years old		Patients 19-64 years old	
Immunocompromised <input type="checkbox"/> Asplenia <input type="checkbox"/> Hemoglobinopathy <input type="checkbox"/> Congenital or acquired immunodeficiency (+HIV) <input type="checkbox"/> Cancer <input type="checkbox"/> Chronic renal failure, nephrotic syndrome, dialysis patients <input type="checkbox"/> Organ, bone marrow transplant <input type="checkbox"/> Immunosuppressant medications	If one of these checked, then patient needs PCV 13 and 2 doses of PPSV23  Never received either: - Single PCV13 - PPSV23 at least 8 weeks later - 2 <sup>nd</sup> dose PPSV23 at least 5 yrs after 1 <sup>st</sup>  Received PPSV23 but not PCV13 - PCV13 at least 1 year after PPSV23 - 2 <sup>nd</sup> dose PPSV23 at least 8 weeks after PCV13 and 5 yrs after 1 <sup>st</sup>  Received PCV13 but not PPSV23 - Administer PPSV23 at least 8 weeks after PCV13 - 2 <sup>nd</sup> dose PPSV23 at least 5 yrs after 1 <sup>st</sup>	Immunocompetent adults with disease, habits, or living conditions that put them at high risk <input type="checkbox"/> Heart disease (heart failure, cardiomyopathy) <input type="checkbox"/> Pulmonary disease (COPD, emphysema, asthma) <input type="checkbox"/> Diabetes (NOT gestational diabetes) <input type="checkbox"/> Alcoholism, Smoking <input type="checkbox"/> Chronic liver disease <input type="checkbox"/> Long term care facility	If any of these checked, patient needs single dose of PPSV23

Patients 65 years or older
Needs 1 dose of each (PPSV23 and PCV13)  Never received either: - Single dose PCV13 - PPSV23 in 12 months  Received PPSV23 but not PCV13 - PCV13 at least 1 year after PPSV23 - If PPSV23 was given before age 65, another dose indicated → give no sooner than 12 months after PCV13 and no sooner than 5 years from most recent PPSV23 dose  Received PCV13 but not PPSV23 - Administer PPSV23 12 months after PCV13 - PCV13 before age 65 does not impact recommendations