Getting a Vaccine: What to Know About Me

This is what you need to know about me to help with a successful vaccine administration. I may have a family member or caregiver with me for support during my appointment.

My name: ____________________________

Appointment

I typically respond to a medical exam with □ Full or partial cooperation □ Fear □ Aggression

□ Other (describe) ____________________________

I like it when health professionals do (describe) ____________________________

I do not like it when health professionals do (describe) ____________________________

My other communication preferences are (e.g., using or not using yes or no question, using or not using this or that answers) ____________________________

Communication  How I communicate best (check all that apply)

□ Talking      □ Writing or typing      □ Pictures      □ Using Sign Language

□ Pointing to words      □ Using a voice app

□ I do not communicate in a way you will understand, please ask my family member or caregiver. Their name is ____________________________

□ Other (describe) ____________________________

Other Accommodations or Preferences

□ I use assistive devices for mobility. You may see me use ____________________________

□ I have sensory triggers that may make it difficult for me to have a successful appointment (being touched, trauma, doctors of a particular gender, noises, lighting, smells, textures). The following are known sensory triggers for me ____________________________

When I experience a sensory trigger, I may respond by ____________________________

When I respond this way, you can help me by ____________________________

□ I have diagnoses, medical issues, or behaviors that may make it difficult for me to have a successful appointment (e.g., aggression, biting, pica, aspiration risk): ____________________________

This may cause me to ____________________________

You can help me by ____________________________

Additional information ____________________________