

# 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 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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