

**Zostavax** is a vaccine used in those 60 years of age or older to prevent shingles (also known as zoster). Your doctor must verify the following contraindications with you before receiving **Zostavax**.

**Zostavax** should not be administered to individuals:

- With a history of anaphylactic reaction/allergy to gelatin, neomycin, or any other component of the vaccine.
- With a history of acquired immunodeficiency states including:
  - \*AIDS
  - \*Cancer
  - \*Leukemia
  - \*Lymphomas of any type
  - \*Any malignant neoplasms affecting the bone marrow
  - \*Any disease affecting the immune system
- On immunosuppressive therapy including corticosteroids (prednisone, medrol, megece).
- With active untreated tuberculosis.
- Who are or may be pregnant.

You may receive **Zostavax** vaccine at the health department for a price of \_\_\_\_\_ payable with cash or check only.

Your physician must fill out the following to receive **Zostavax** at the Cass County Health Department.

Pt. Name (Print) \_\_\_\_\_ DOB \_\_\_\_\_

Physician Name (Print) \_\_\_\_\_ Today's Date \_\_\_\_\_

Physician Signature \_\_\_\_\_

