

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 _____

