

**Patient name:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_ **Patient number** \_\_\_\_\_

**Health Screen Record**

1. Date of immunotherapy injection visit: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Patient's response to pre-injection screening questions: \_\_\_\_\_

Staff action taken (if any): \_\_\_\_\_

2. Date of immunotherapy injection visit: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Patient's response to pre-injection screening questions: \_\_\_\_\_

Staff action taken (if any): \_\_\_\_\_

3. Date of immunotherapy injection visit: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Patient's response to pre-injection screening questions: \_\_\_\_\_

Staff action taken (if any): \_\_\_\_\_

4. Date of immunotherapy injection visit: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Patient's response to pre-injection screening questions: \_\_\_\_\_

Staff action taken (if any): \_\_\_\_\_

5. Date of immunotherapy injection visit: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Patient's response to pre-injection screening questions: \_\_\_\_\_

Staff action taken (if any): \_\_\_\_\_

6. Date of immunotherapy injection visit: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Patient's response to pre-injection screening questions: \_\_\_\_\_

Staff action taken (if any): \_\_\_\_\_

7. Date of immunotherapy injection visit: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Patient's response to pre-injection screening questions: \_\_\_\_\_

Staff action taken (if any): \_\_\_\_\_

8. Date of immunotherapy injection visit: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Patient's response to pre-injection screening questions: \_\_\_\_\_

Staff action taken (if any): \_\_\_\_\_