

Immunization Training Pre-Test

Name:

1. Do you currently administer vaccines as part of your job?

- Yes No

If yes, how many shots per day do you give?

- 1-5
 6-10
 11-20
 more than 20

2. When was the last time you received training on immunizations?

- Never
 Within the past 6 months
 Between 6 months and 1 year ago
 1 to 2 years ago
 I can't remember/more than 2 years ago

3. Have you practiced giving injections? Yes No

4. Has a licensed provider observed you giving immunizations? Yes No

5. Does your practice offer onsite training? Yes No

6. Giving shots to infants and toddlers scares me.

- No, not all at
 No
 Neutral
 Yes
 Yes, absolutely

7. When I give shots, I am confident I use the proper technique.

- No, not all at
 Disagree
 Neutral
 Agree
 Yes, absolutely

8. Patients three years and older should receive subcutaneous vaccines in the gluteus maximus.

True False

9. Intramuscular (IM) injections should always be given using a 1" needle .

True False

10. The ideal temperature for frozen vaccine is 32°- 36°F or 2°-8°C.

True False