PLEASE COMPLETE **ALL** INFORMATION ON THIS SIDE ONLY (please print)

Legal Name: _____ Birth Date: _____

Who brought child today? Mother Father Other _____

SS# _____ Male/Female Age___ Race ___ ☐ American Indian/Alaskan Native

School: _____ Grade: _____

Home address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Child's Mother: _____ Child's Father: _____

Does client have: Medicaid Insurance No Insurance

Do you need proof of shots **(Form 680)** for: School Daycare Children & Families

Has this person ever received shots here? ☐ Yes ☐ No

If no, where were previous shots received? _____

Please complete the following information for children if someone other than the mother or father has brought the child today for immunizations.

Legal Guardian's Name (you must present legal documents): _____

Relative's Name (we must have written permission from parent or be able to reach them by phone):

_____

PATIENT INFORMATION FOR IMMUNIZATIONS

PLEASE ANSWER THE FOLLOWING QUESTIONS <u>ABOUT THE PERSON TO RECEIVE SHOTS.</u>

1. Is client sick or running a fever? ☐ Yes ☐ No
2. Has the client ever had an **allergic reaction** to any medication, food or vaccine? If yes, please list allergy: _____ ☐ Yes ☐ No
3. Has client ever had a seizure or a brain problem? ☐ Yes ☐ No
4. Has client ever had a gamma globulin shot, transfusion of blood or plasma, or blood disorder? ☐ Yes ☐ No
5. Has client taken cortisone, prednisone or other steroids, anti-cancer drugs or x-ray treatments in the **past three months?** ☐ Yes ☐ No
6. Does client have cancer, leukemia or other immune system problems? ☐ Yes ☐ No
7. Is the client pregnant or at risk of becoming pregnant in the next three months? ☐ Yes ☐ No
8. If client is a child, have they had chicken pox? If yes, when? _____ ☐ Yes ☐ No
9. Has client had **any vaccinations** in the **past 4 weeks?** ☐ Yes ☐ No

STAFF WILL COMPLETE THIS SECTION:

Shots due today:		PENTACEL	PEDIARIX	FLU MIST or SHOT		
DTAP	IPV	MMR	MMRV	VZV	HIB	HEP A
HEP B	ROTO	PCV	TDAP	HPV	MEN	RABIES
Pneumo	DT(p)	Td				

CLERK: _____