



Public Health
Prevent. Promote. Protect.
**Tuscarawas County
Health Department**

Immunization Clinic Form

Instructions:

Fill out form, entirely. Do not forget to sign for consent of treatment.

Bring insurance card to the appointment.

Children without insurance or Medicaid will be charged a flat fee of \$21.00 per vaccine payable with cash or check due on the day of administration.

Child's Name: _____ DOB: _____ SSN _____

Address: _____ Telephone Number: _____

Please complete the below questionnaire

<u>Has (Is) this person:</u>	YES	No
Had a vaccine in the past 4 weeks?		
Healthy Today?		
Currently taking any medications? If yes, please list:		
Any Allergies? If yes Please list:		
Had a serious reaction or allergy to a previous vaccine or vaccine component, medication, food or late? (eggs, yeast, streptomycin, neomycin, polymixin B, thimerosal, gelatin? For any other allergies see CDC list or product insert)?		
Ever had a seizure, brain, or other nervous system problem including Guillian Barre?		
Had a blood transfusion or other blood productions in the past year, or have a bleeding disorder?		
Had or currently have cancer, leukemia, AIDS, or any other immune system problem?		
Taken cortisone, prednisone, or other steroid or anticancer drug or radiation therapy in the past # months?		
Had a gastrointestinal problem or condition (ie. Intussusceptions or currently have sever gastroenteritis today?		
Have active untreated TB, asthma, or long term aspiring therapy?		
Pregnant or is there a chance you could become pregnant in the next month?		
If receiving MMR, VAR, Zostavax, LAIV- wait for 2 months before having TB test.		

Consent: It is the policy of this agency to require parental/guardian consent prior to providing services to a minor. By signing below, I am giving my consent for the administration of immunizations.

I can also request a copy of the Notice of Privacy Practices and will be provided a copy of such. By signing this section, I have received the vaccine information sheet(s). I understand the risks and benefits of vaccinations.

Parent/Guardian Signature

Date

