**INFORMATION ABOUT THE PERSON RECEIVING THE VACCINE**

|  |  |  |  |
| --- | --- | --- | --- |
| **LAST** | **FIRST** | **MI** | **MAIDEN NAME** |
| **BIRTH DATE** / /  | **AGE** | **OFFICE USE ONLYMATURE MINOR** | **WEIGHT** | **SEX**  **MALE FEMALE** |
| **ADDRESS** | **CITY** | **STATE** | **ZIP** | **PHONE NUMBER** |
| **UNDER AGE 18-PARENT/LEGAL GUARDIAN/CAREGIVER NAME (PLEASE PRINT):** |

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| **HEALTH INSURANCE STATUS** |
| **CHILDREN (18 AND YOUNGER)** | **ADULTS (19 AND OLDER)** |
| **□UNINSURED □ALASKAN NATIVE****□UNDERINSURED □AMERICAN INDIAN****□MEDICAID****□PRIVATE INSURANCE** | **□ NO INSURANCE□ STATE INSURANCE****□ UNDERINSURED (NO VACCINE COVERAGE)****□ OTHER** |

**MEDICAL SCREENER INITIALS \_\_\_\_\_\_\_\_\_\_ AVAILABLE RECORD IN THE IIS? YES NO**

**SCREENING QUESTIONS YES NO**

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|  1. Is this person sick today? (i.e. fever above 101®F) |  |  |
|  2. Do you have allergies to any medications, food, a vaccine component, or latex? (i.e. anaphylactic reaction  to eggs?)  |  |  |
|  3. Have you ever had a serious reaction after receiving a vaccination? (i.e. Guillain–Barré syndrome) |  |  |
|  4. Do you have a long-term health problem with heart disease, lung disease, asthma, kidney disease, metabolic disease (e.g., diabetes), anemia, or other blood disorder? |  |  |
|  5. Do you have cancer, leukemia, HIV/AIDS, or any other immune system problem? |  |  |
|  6. In the past 3 months, have you taken medications that weaken your immune system, such as cortisone, prednisone, other steroids, or anticancer drugs, or have you had radiation treatments?  |  |  |
|  7. Have you had a seizure or a brain or other nervous system problem? |  |  |
|  8. During the past year, have you received a transfusion of blood or blood products, or been given immune (gamma) globulin or antiviral drug? |  |  |
|  9. Have you received any vaccination in the past 4 weeks? If yes, which vaccine? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
|  10. **FOR FEMALES:** Are you pregnant or is there a chance you could become pregnant during the next  month? |  |  |

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| **CONSENT**I have read or have had explained to me the above information and received a copy of the Vaccine Information Statement and understand Spokane Regional Health District’s (SRHD) Privacy Policy. I have had a chance to ask questions, which were answered to my satisfaction. I consent to inclusion of this data in the Washington State Immunization Information (IIS) Registry. I believe I understand the benefits and risks of the vaccines checked below and request that the vaccine be given to me or the person named above for whom I am authorized to make this request. Also, by signing this consent, I am allowing myself to be filmed or photographed during the immunization clinic today. |
| **□ DTAP (6 AND YOUNGER)** | **□ DTAP/IPV(4-6 YEARS ONLY)** | **□ HEP A** | **□ HEP B** | **□ HIB** | **□ HPV9** | **□ MCV4** | **□ MMR** | **□ MMR/V (12 AND YOUNGER)** |
| **□ PCV-13** | **□ POLIO** | **□ TDAP (7 AND OLDER)** | **□ CHICKENPOX (VARICELLA)** | **□ VIS DISTRIBUTED** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **ADULTS** | **□ HEP A/B** | **□ HEP B** | **□ MMR** | **□ PCV-13** | **□ TDAP** | **□ SHINGLES** | **□ VIS DISTRIBUTED** |

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|  \_\_\_\_\_\_\_\_\_  |
|  **SIGNATURE OF □ PATIENT □ PARENT □ CAREGIVER (Check one) DATE** |

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| **CLINIC USE ONLYVACCINE ADMINISTRATION RECORD** |
| **VACCINE** | **VIS** | **MANUFACTURER /LOT # / EXP DATE** | **INJECTION SITE** | **Route** |
| **DTAP** | **5/17/07** |  | **□ LA □ RA** | **□ IM** |
| **DTAP/IPV** | **5/17/07****7/20/16** |  | **□ LA □ RA** | **□ IM** |
| **HEP A** | **7/20/16** |  | **□ LA □ RA** | **□ IM** |
| **HEP B** | **7/20/16** |  | **□ LA □ RA** | **□ IM** |
| **HEP A/B** | **7/20/16** |  | **□ LA □ RA** | **□ IM** |
| **HPV9** | **12/2/16** |  | **□ LA □ RA** | **□ IM** |
| **MCV4** | **3/31/16** |  | **□ LA □ RA** | **□ IM** |
| **MMR** | **4/20/12** |  | **□ LA □ RA** | **□ SC**  |
| **MMR/V** | **5/21/10** |  | **□ LA □ RA** | **□ SC**  |
| **PCV-13** | **11/5/15** |  | **□ LA □ RA** | **□ IM** |
| **POLIO** | **7/20/16** |  | **□ LA □ RA** | **□ IM** |
| **PPSV23** | **4/24/15** |  | **□ LA □ RA** | **□ IM** |
| **SHINGLES** | **10/6/09** |  | **□ LA □ RA** | **□ SC**  |
| **TDAP** | **2/24/15** |  | **□ LA □ RA** | **□ IM** |
| **CHICKENPOX****(VARICELLA)** | **3/13/08** |  | **□ LA □ RA** | **□ SC**  |