PHSSN 2149 Hickory Abilene, TX 79601 325*671*2355

Last	First	Middle	Sex M F	Race	Birth Date	Age

Address	City	State	Zip	County	Phone

Mother's Name	Mother's Maiden Name	Father's Name	Name of Child's School

Please Complete these health questions:

SCREENING

1. Is Child **sick** Today?	Yes	No
2. Does Child have **allergies** to medications, food, vaccine or latex?	Yes	No
3. Has Child had a **serious reaction** to a vaccine?	Yes	No
4. Does/Has Child have health problems like **Diabetes, Asthma, Lung, heart** or **kidney disease, blood disorders, Cancer, AIDS**, any other **major health problems** or on long term **aspirin therapy**?	Yes	No
5. If the child to be vaccinated is between the ages of 2 and 4 years, has a health care provider told you that the child had **wheezing or asthma** in the past 12 months?	Yes	No
6. Has Child had a **seizure** or a **brain disorder**?	Yes	No
7. Has Child taken cortisone, prednisone, or other **steroids** or **anti-cancer drugs** or had **radiation treatments** in the past 3months?	Yes	No
8. Has Child received a **transfusion** of blood or blood products or been given immune (gamma) globulin in the past year?	Yes	No
9. Is the Child/Teen **pregnant** or is there a chance she could become pregnant during the next month?	Yes	No
10. Has the Child had vaccines/**shots in last 4 weeks**?	Yes	No
11. Has the Child had **Chickenpox**, if so when? **Mth/ Yr** _____		No

Screener Signature_____

CONSENT

I received or was offered a copy of the Vaccine Information Statement (VIS) for each vaccine. I know the risks of the disease each vaccine prevents. I know the benefits and risks of each vaccine. I have had a chance to ask questions about the disease, the vaccines, and how the vaccines are given. I know that the person receiving the vaccine will have the vaccine put into his/her body to prevent the infectious disease. I am an adult who can legally consent for the person named above to get the vaccine. I freely and voluntarily give my signed permission for the vaccines.

Parent/Guardian Signature

Date

Relationship to Child

Date Given	Vaccine Given	Mfg	Lot #	Site Used	VIS Date	Adm. Initials
	Rotavirus *6-32wks* *Do not start after 12 weeks*	GSMK Merck			E:12/06/10	
	Pediarix *6wk-6y* *DTAP Hep B IPV*	GSMK			See individual VIS	
	Pentacel *6wk-5y* *DTAP IPV HIB*	Sanofi			See individual VIS	
	HIB *<5y*	Sanofi			12/16/98	
	PCV-13 *<5y*	Wyeth			E: 4/06/10	
	HEP B *0-18y*	GSMK Merck			7/18/07	
	DT *6wk-6y* *Hx seizures*	Sanofi			5/17/07	
	KINRIX *4-6y* *5th DTAP* **AND** *4th IPV only*	GSMK			See individual VIS	
	DTAP *6wk-6y*	GSMK Sanofi			5/17/07	
	IPV *6wk-18y*	Sanofi			1/1/00	
	MMR *1-18y*	Merck			3/13/08	
	MMRV *1 -12 y*	Merck			5/21/10	
	Varicella *1-18y*	Merck			3/13/08	
	HEP A *1-18y*	GSMK Merck			3/21/06	
	Td *7-10y* **or** *Hx of Seizures*	Sanofi			E: 11/18/08	
	Tdap *11-17y* **or** *7-10y under vaccinated*	GSMK Sanofi			E: 11/18/08	
	HPV *9-18y*	GSMK MERCK			3/30/10	
	MCV4 *11-18y* **or** *5y booster*	Sanofi			1/28/08	
	Flu Circle 1 *>6mo - <3years* **OR** *3 years and up*	Sanofi				
	Flumist *2-18y*	Medimmune				

Administrator's Signature _____

*Notes_____