



**Section 1: Vaccine Recipient Information (Please Print)**

Recipient Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street City State Zip Code

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male  Female

Approximate weight (children only): \_\_\_\_\_ **ALLERGIES:** \_\_\_\_\_

Would the patient benefit from calming tools (i.e. weighted lap blanket, fidget toy, dimmed lights)?  Y  N

**Section 2: Screening for Vaccine Eligibility**

- 1. Has the patient been acutely ill in the last 24 hours?  Yes  No
- 2. Is the patient currently taking medication?  
If yes, please list: \_\_\_\_\_  Yes  No
- 3. Has the patient ever had a serious reaction to a vaccine?  
What occurred \_\_\_\_\_  Yes  No
- 4. Does the patient have cancer, leukemia, lymphoma or receiving drugs  
which lower the body's resistance to infection?  Yes  No
- 5. Has the patient had a seizure or a brain problem?  Yes  No
- 6. Has the patient ever had Guillain-Barre Syndrome?  Yes  No
- 7. Is the patient American Indian/Alaskan Native?  Yes  No
- 8. Has the patient received vaccinations in the last 4 weeks?  Yes  No
- 9. Has the patient received a blood transfusion or been given immune  
globulin in the past year?  Yes  No
- 10. Does the patient have a primary care provider (physician)?  Yes  No

**Section 3: Insurance Billing**  I do not have insurance  My insurance does not cover vaccines

I, the undersigned, certify that the information given by me in applying for payment under the insurance I provided, is correct. I authorize release of all records required to act on their request and request that payment of authorized benefits be made on my behalf or all who may be covered by this insurance. I authorize such insurance to make payment directly to Henry County Public Health.

I also understand that if the insurance DOES NOT pay, I may be billed for today's services.

Insurance Company Name: \_\_\_\_\_ Insurance #: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: M  F

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_