



DESCHUTES COUNTY HEALTH SERVICES VACCINE ADMINISTRATION RECORD

PLEASE PRINT CLEARLY

Name of child needing immunizations _____

Birthdate _____

Please check only (ONE)

☐

NO health insurance coverage **(N)**

☐

Is American Indian or Alaskan Native **(A)**

☐

Has Oregon Health Plan coverage **(M)** (please show copy of card)

PLEASE ANSWER ALL QUESTIONS BELOW TO HELP US DECIDE WHICH INJECTIONS MAY BE GIVEN TODAY.

Yes	No	Don't Know

Are you **sick today**?

Do you have **allergies** to medicines, foods, latex or vaccines?

Have you ever had a **bad reaction** to a vaccination?

Have you ever fainted after an injection in the past?

Women only: Are you pregnant or is there a chance you could become pregnant in the next month?

Have you had a seizure or a brain problem?

Have you had a Tetanus shot **with Pertussis** after age 7?

Have you had any vaccines in the past 4 weeks?

I have received this clinic's HIPAA Notice of Privacy Practices information sheet. I have received, read and had my questions answered about the Vaccine Information Statement(s) for the shots to be given. I am aware that some people may experience physical responses to injections; such as (but not limited to) injection site pain, light-headedness or fainting. I understand the benefits and risks and request that indicated vaccine(s), TB test and lab tests be given to me. I also allow the release of any information needed to process insurance claims and request payment of medical benefits (if applicable). I allow DCHS to use and release this information to bill for received services.

Parent/Client Signature: _____ Date: _____

Client must be 15 years or older to sign for themselves

For Clinical Use Only:

Vaccine	Dose #	Brand	Lot #	Exp. Date	Mfg.	Dose (ML)	Vaccine Inj. Code	Vaccine Elig. Code	VIS Date
HPV		Gardasil	N000326	10/14/19	Merck	0.5			12/2/16
MCV4 (Meningococcal)		Menveo	M16128 M16131	7/31/18	Novartis	0.5			3/31/16
Tdap		Adacel	C5228AA	6/26/19	Sanofi	0.5			2/24/15
Hepatitis A		Havrix	3L2TA	7/13/18	GSK	0.5			7/20/16

RN Signature: _____ Date: _____