



Child and Teen Immunization Questionnaire



Last Name _____ First Name _____ Middle Initial _____

Date of Birth ___/___/___ Age _____ Male/Female _____ Race _____

Street Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Social Security # _____

Check this box if you wish to receive text alerts for upcoming appointments

Or add you email for email reminders: _____

Parent/Guardian's Name _____

Does the child have health insurance? Yes or No Name of Medical Insurance _____

ID # _____ MMIS # _____

- 1. Is the child sick today (fever, cough)? Yes No
- 2. Has the child had serious reaction to a vaccine in the past? Yes No
 - a. If yes, which vaccine & what reaction: _____
- 3. Does the child have an allergies to medication, food, or Latex? Yes No
- 4. If you child is baby (less than 1 years of age), has he or she been diagnosed with Intussusception? Yes No
- 5. Has the child, a sibling, or parent had a seizure? Yes No
- 6. Does the child have cancer, HIV/AIDS, or any other immune system problem? Yes No
- 7. Does your child take any medication daily? Yes No
 - a. If yes, what medications: _____
- 8. In the past year has the child received a transfusion or blood or blood products? Yes No
- 9. Has the child received any vaccines in the last 4 weeks? Yes No
- 10. Is the child/teen pregnant? Yes No

I have received a copy(s) of the Vaccine Information Statement(s) for each of the vaccine(s) that my child will receive today and I understand the risk and benefits of the vaccine(s). I grant permission for the Massillon City Health Department's Nursing Staff to administer the immunization(s). I authorize my child's Immunization Record to be entered into the Ohio Immunization Registry and to be released as needed to medical providers, schools, and health departments.

By signing this form, I acknowledge that I have received or read a copy of the Notice of Privacy Practices.

Parent/Guardian's Signature _____ Date _____

Staff use Reviewed by: _____ Date _____

DCL: ADM: Next scheduled appointment _____