WAYNE COUNTY HEALTH DEPARTMENT IMMUNIZATION REGISTRATION FORM
203 SOUTH WALNUT STREET, WOOSTER, OHIO 44691 PHONE: 330-264-9590

Caregiver Consent

I, _____, cannot accompany my child,_____ _____
Parent/Legal Guardian (child's name) (date of birth)

to the Wayne County Health Department's Immunization Clinic at Southeast Local Schools. Therefore, I give permission to

_____, to accompany my minor child and/or consent for immunizations.
(person's name)

_____ _____
Signature of parent or legal guardian Date

Please **initial** the **'Yes'** column for any vaccine(s) you want your child to receive	Yes	No
My child who is 16 years old (or older) may receive vaccines without accompanying adult.	Yes	No
Administer all age appropriate vaccine(s) that are needed	Yes	No
Hepatitis A	Yes	No
Human Papilloma virus (HPV)	Yes	No
Meningococcal ACWY (Menactra)	Yes	No
Hepatitis B	Yes	No
TDap (tetanus, diphtheria, pertussis)	Yes	No
Varicella (Chickenpox)	Yes	No

Please complete the below information for your child

Patient Information				
Last Name: **First Name:**	**Phone Number:**	**Age:**	**Birth date:**	
Street Address:	**City:**	**Zip Code:**		
(Circle all that apply) Amish Asian Black Hispanic White	**Gender** Male Female			
Primary Care Physician:				

Screening Questionnaire for Immunizations (Circle appropriate answer)		
Are you sick today?	Yes	No
Do you have any known allergies to food, medication, or latex?	Yes	No
Have you ever had a serious reaction after a vaccination?	Yes	No
Have you ever had seizures, Guillain-Barre or any other neurologic disease?	Yes	No
Are you on steroids, anticancer or radiation treatments in the last 3 months?	Yes	No
Are you pregnant, or nursing?	Yes	No
If you are pregnant, how far along?		
Have you ever had the chicken pox?	Yes	No
If so, when?		
Would you like a copy of the WCHD privacy policy?	Yes	No

Consent

I have read the information on the appropriate Vaccine Information Statement (VIS). I am informed of the benefits and risks of the vaccine(s) that I will be given today. I grant permission for the vaccine(s) to be administered to myself or the person whom I am authorized to sign for as their parent or guardian. I have had opportunity to receive a copy of the Wayne County Health Department's Notice of Privacy Practices. I grant permission for this record to be released to my medical provider, school, day care center, WIC, other health departments, and the state immunization registry as is required or necessary. **This consent is valid only for Immunization Clinics held at Southeast Local Schools during the period of: April 1, 2020 to April 23, 2020.**

_____ _____
Signature of legal custodian/client Date

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Help Us Better Serve you
How do you prefer to receive reminders for your vaccine due date? ☐ text ☐ email ☐ postcard *Please provide phone number for texting if preferred method or email address: _____
In an emergency how do you get information? ☐ Television ☐ Newspaper ☐ Radio ☐ Community Members
Do you utilize Social Media? ☐ Yes ☐ No **If yes, which platforms?** ☐ Facebook ☐ Instagram ☐ Twitter
What sources do you trust to give information about healthcare? ☐ Social Media ☐ Newspaper ☐ Radio ☐ Community Members ☐ Other: _____
What type of print media do you utilize? ☐ Daily Record ☐ Bargain Hunter ☐ Other:
What is best way to get information to you?

For Clinical Use Only

To be administered	Vaccine	Dose	Site	Route	Lot #	Date Given
	DTaP	1 2 3 4 5 6	RD/LD	IM/SQ		
	Td Tdap	1 2 3 4 5 6	RD/LD	IM/SQ		
	Kinrix (DTaP/IPV)		RD/LD	IM/SQ		
	IPV	1 2 3 4 5 6	RD/LD	IM/SQ		
	MMR	1 2	RD/LD	IM/SQ		
	Varicella	1 2	RD/LD	IM/SQ		
	Proquad (MMRV)		RD/LD	IM/SQ		
	Hepatitis B	1 2 3	RD/LD	IM/SQ		
	Hepatitis A	1 2	RD/LD	IM/SQ		
	Menactra	1 2	RD/LD	IM/SQ		
	HPV	1 2 3	RD/LD	IM/SQ		
	Other		RD/LD	IM/SQ		

Administrative

____ Immunization history has been reviewed to determine the vaccines which are indicated for the client.
____ Screening questionnaire was reviewed and no contraindications to vaccine(s) have been found.
____ VIS given for all administered vaccines.
Nurse Signature_____ Date _____

Payment

$10 per vaccine
Cash $_____ **Check $**_____**/Check #**_____ **Debit/Credit $**_____
Would you like a receipt mailed to you?