



**Children and Hoosiers Immunization Registry Program (CHIRP)
Vaccination Administration
Record of Parent/Guardian or Receipt Signature**

I have read or had explained to me the information in the "Vaccine Information Statement(s)" of the "Important Information Statement(s)" for the disease and vaccine checked below. I have had a chance to ask questions and fully understand the benefits and risks of the vaccine checked below. I request that these vaccines be given to me or to the person named below.

Tdap Menactra Hepatitis B Varicella IPV

Name
Last _____ First _____ Middle _____ M ___ F ___ Birthday _____ Age _____
Address _____ City _____ State _____ Zip _____
Parents Names _____ Physician _____
Home/Message Phone Number _____ School _____

Signature of person to receive vaccine(s) or person authorized to consent to the immunization.

STUDENTS UNDER AGE 18 MUST HAVE PARENT SIGNATURE

(Parent or Guardian Signature)

Date: _____

(Printed Name)

Please answer the following question. Check the correct answer.

My child: ___ Is enrolled in Hoosier Healthwise
 ___ Does not have health insurance
 ___ Has Private health insurance (i.e. through the parents work)

**Please bring your shot
Record to the
clinic for update.**

Health History

The following is a health history of your child to determine if there are any contradictions to giving your child immunizations.....

1. Is your child sick today? (More than a common cold, earache, etc...) ___ YES ___ NO
2. Has your child ever had a severe reaction after a vaccination? ___ YES ___ NO
3. Does your child have any severe (Life threatening) allergies? ___ YES ___ NO
4. Has your child ever had convulsions or any kind of nervous system problem? ___ YES ___ NO
5. Has your child gotten a transfusion, or any other blood product recently? ___ YES ___ NO
6. Does your child have a latex allergy? ___ YES ___ NO
7. Has your child had the chicken pox (Varicella) disease? If YES, when _____ ___ NO

If NO we recommend the vaccine for anyone age 1 year to 18 years old. Would you like the Varicella vaccine today? ___ YES ___ NO

| <u>TDAP/TD</u> | | |
|----------------|------------|----|
| IM | LA | RA |
| VIS | 11-18-2008 | |

| <u>MENACTRA</u> | | |
|-----------------|-----------|----|
| IM | LA | RA |
| VIS | 1-21-2008 | |

| <u>Hep B #</u> | | |
|----------------|-----------|----|
| IM | LA | RA |
| VIS | 7-18-2007 | |

| <u>VARICELLA</u> | | |
|------------------|-----------|----|
| SQ | LA | RA |
| VIS | 3-13-2008 | |

| <u>IPV</u> | | |
|------------|----------|----|
| SQ | LA | RA |
| VIS | 1-1-2000 | |

(Signature and Title of Vaccine Administrator)