Public Health
Prevent. Promote. Protect.

Taylor County Public Health Agency
Screening Questionnaire for Child and Teen Immunization

Child's Full Name:_____ **Birth Date:**_____

Current Address:_____ **City:**_____ **Zip:**_____

Parents name(s)_____ **Phone number:** _____

Child's Doctor _____ **Date of last visit** _____

Child's Dentist _____ **Date of last visit** _____

This child qualifies for vaccinations through the VFC program because he/she (Circle one)
***Insurance deductible and *hawk-i* does not qualify patient for VFC vaccines**

(a) is enrolled in Medicaid **(**Medicaid#_____ (b) does not have health insurance
(c) American Indian or Alaskan Native (c)health insurance that DOES NOT pay for shots

For parents/guardians: The following questions will help us determine which vaccines your child may be given today. If you answer "yes" to any question, it does not necessarily mean your child should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

		Yes	No
1.	Has child had a fever or other symptoms of illness in past 48 hours?		
2.	Does the child have allergies to medications, food (eggs) or any vaccine?_____		
3.	Has the child had a serious reaction to a vaccine (especially flu) in the past?		
4.	Has the child had a seizure, brain, or nerve problem?		
5.	Does the child have cancer, leukemia, AIDS, or any other immune system problem?		
6.	Has the child taken cortisone, prednisone, other steroids, or anticancer drugs, or had x-ray treatments in the past 3 months?		
7.	Does the child have contact with any person who has a decreased immune system or is on Cortisone treatment for more than 2 weeks?		
8.	Has the child received a transfusion of blood or blood products, or been given a medicine called immune (gamma) globulin in the past year? Or ever had Guillain-Barre` syndrome?		
9.	Has child had chickenpox?		
10.	Is the child/teen pregnant or is there a chance she could become pregnant during the next month?		
11.	Has the child received vaccinations in the past 4 weeks?		
12.	Has child had shots at Taylor County Public Health before?		
13.	I am able to make a donation to Taylor County Public Health Agency, in return for medical services rendered.		

See consent - See release - Immunizations will be entered into IRIS (Immunization Registry Information System)

_____ **Date:**_____
Parent/Guardian Signature

Form Reviewed by: _____ ***Date:*** _____

Place of Service _____ ***Inform complete: Yes / No***

06/13 AB