

Daviess County Health Department

I have been given a copy and have read, or had explained to me, the information in the "Vaccine Information Statement(s)" for the vaccine(s) checked below. I understand the benefits and risks of the vaccine(s) requested and ask that the vaccine(s) checked below be given to me or to the person named below for whom I am authorized to make this request. I have read and am aware of Daviess County Health Department privacy policy.

- PEDIARIX DTaP DT Td HIB IPV
 MMR PNEUMO HEP A HEP B VARICELLA OTHER

Please print:

LAST NAME:		FIRST NAME		M.	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	BIRTH DATE	PHONE #
SOCIAL SECURITY #	RACE <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Indian			ETHNICITY <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican		<input type="checkbox"/> Cuban <input type="checkbox"/> Central/South America <input type="checkbox"/> Other & Unknown Hispanic	WIC <input type="checkbox"/> Yes <input type="checkbox"/> No
STREET ADDRESS		CITY	COUNTY	STATE	ZIP CODE		
NAME OF FAMILY DOCTOR			MED #	NAME OF INS.			

FOR CLINIC USE ONLY

OTHER	Record Date of VIS	DCN#	VFC ELIGIBILITY
Manufacturer & Lot Number			<input type="checkbox"/> Medicaid
Site of Injection			<input type="checkbox"/> Uninsured
Immunization & Dose Number Given Today			<input type="checkbox"/> Alaskan/Native American <input type="checkbox"/> 317
DTaP DT Td 1 2 3 4 5	Record Date of VIS 7-30-01 6-10-94	HIB	Record Date of VIS 12-16-98
DTaP DT Td 1 2 3 4 5	Record Date of VIS 7-30-01 6-10-94	HIB	Record Date of VIS 12-16-98
Manufacturer & Lot Number	Manufacturer & Lot Number	Manufacturer & Lot Number	Manufacturer & Lot Number
Site of Injection	Site of Injection	Site of Injection	Site of Injection
Immunization & Dose Number Given Today	Immunization & Dose Number Given Today	Immunization & Dose Number Given Today	Immunization & Dose Number Given Today
DTaP DT Td 1 2 3 4 5	HIB	HIB	IPV 1 2 3 4
MMR	Record Date of VIS 6-13-02	Pneumococcal Conjugate	Record Date of VIS 9-30-02
MMR	Record Date of VIS 6-13-02	Pneumococcal Conjugate	Record Date of VIS 9-30-02
Manufacturer & Lot Number	Manufacturer & Lot Number	Manufacturer & Lot Number	Manufacturer & Lot Number
Site of Injection	Site of Injection	Site of Injection	Site of Injection
Immunization & Dose Number Given Today	Immunization & Dose Number Given Today	Immunization & Dose Number Given Today	Immunization & Dose Number Given Today
MMR 1 2	MMR	HEP A	HEP A 1 2 3
HEP B	Record Date of VIS 7-11-01	VARICELLA	Record Date of VIS 12-16-98
HEP B	Record Date of VIS 7-11-01	VARICELLA	Record Date of VIS 12-16-98
Manufacturer & Lot Number	Manufacturer & Lot Number	Manufacturer & Lot Number	Manufacturer & Lot Number
Site of Injection	Site of Injection	Site of Injection	Site of Injection
Immunization & Dose Number Given Today	Immunization & Dose Number Given Today	Immunization & Dose Number Given Today	Immunization & Dose Number Given Today
HEP B 1 2 3	HEP B	VARICELLA	PEDIARIX 1 2 3

SIGNATURE & Title of Vaccine Administrator

Date

X

An Equal Opportunity Affirmative Action Employer

SERVICES PROVIDED ON A NONDISCRIMINATORY BASIS

(OVER)