



## Child Immunization Questionnaire

**Has your child ever had:**

- |  |          |           |
|--|----------|-----------|
| Is the child sick today?                     | NO _____ | YES _____ |
| A severe reaction to any shots or medicine?  | NO _____ | YES _____ |
| Convulsions, seizures or brain problem?      | NO _____ | YES _____ |
| Parent or Sibling with history of seizures?  | NO _____ | YES _____ |
| Any ongoing medical problems?                | NO _____ | YES _____ |
| An allergy to eggs, chicken, yeast, latex?   | NO _____ | YES _____ |
| Other allergies? _____                       | NO _____ | YES _____ |
| Has child had Chickenpox?                    | NO _____ | YES _____ |
| A blood transfusion or immune globulin?      | NO _____ | YES _____ |
| Is your child taking any medication now?     | NO _____ | YES _____ |
| Older females only - Is your child pregnant? | NO _____ | YES _____ |
| Received any other shots in past 4 weeks?    | NO _____ | YES _____ |

Where else has the child received vaccinations \_\_\_\_\_

I have received a copy and have read or been read to me the information contained in the appropriate Vaccine Information Pamphlet or Important Information Statement about the disease(s) and vaccine(s) checked above. I have had a chance to ask questions which were answered to my satisfaction. I understand the benefits and risks of the vaccine(s) and ask that the vaccine(s) indicated on this record be given to me or the person named above for whom I am authorized to make this request. I have been advised to wait 15 minutes after the injection to monitor for signs and symptoms of an allergic reaction. I also grant permission for this record to be released/faxed to providers, health departments, school, day-care centers, community and state immunization registry databases and others as is necessary, per HIPAA Standards. I have been given the opportunity to read LCHD HIPAA Notice of Privacy Practices. Further this written release is good for 5 years, unless I notify LCHD in writing of something different.

=====

**\*\*\*\* PARENTAL PERMISSION FOR NAMED PERSON TO BRING CHILD FOR IMMUNIZATIONS:**

I give permission for (Name) \_\_\_\_\_ to bring my  
 child (Name) \_\_\_\_\_ to receive all necessary vaccinations.

=====

Patient/Parent/Guardian Signature \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_