

Adolescent Immunization Screening and Consent Form

CHILD'S PERSONAL INFORMATION: (PLEASE PRINT)

Last _____ First _____ M.I. _____ Gender _____
 Birthday _____ Age _____
 Address _____ City _____ Zip Code _____
 Phone # _____ Email Address: _____
 Parent / Guardian _____ Physician _____
 _____ (initial) I consent to receive appointment reminders via text message.

PARENTS/GUARDIANS: Please complete questionnaire for each (pre) teen receiving immunizations.

	Yes	No	Unsure
1. Is your (pre) teen sick today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does your (pre) teen have allergies to a vaccine component or to latex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has your (pre) teen had a serious reaction to a vaccine in the past?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has your (pre) teen had brain or other nervous system problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. For females: Is your teen pregnant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I consent for my (pre) teen to receive the HPV-9 vaccine .	<input type="checkbox"/>	<input type="checkbox"/>	
7. I consent for my (pre) teen to receive the Tdap vaccine .	<input type="checkbox"/>	<input type="checkbox"/>	
8. I consent for my (pre) teen to receive the Meningococcal vaccine .	<input type="checkbox"/>	<input type="checkbox"/>	
9. I consent for my teen to receive the Men B vaccine . (16 and older 2 dose series)	<input type="checkbox"/>	<input type="checkbox"/>	

HEALTH CARE COVERAGE

10. Is the (pre) teen covered by Medicaid/Title 19?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Is the (pre) teen covered by HAWK-I health insurance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Is the (pre) teen covered by health insurance (not Medicaid)? If yes, does your insurance include immunizations as a benefit?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
13. Is the (pre) teen American Indian or Alaskan Native (AI/AN)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONSENT and RELEASE

I have been given an opportunity to review the Vaccine Information Statements for the vaccines recommended for my (pre)teen today. I give consent for my (pre)teen to receive these vaccines and I understand their benefits and risks. I am the parent or legal guardian of this child and have legal authority to consent to the administration of this vaccine to the person named on this form.

Parent/Guardian's Signature: _____

Relationship to (pre) teen: _____