Child Vaccine Consent & Screening Form

Tacoma-Pierce County Health Department
Healthy People in Healthy Communities

Parent/Guardian: Answer these questions to help us know which vaccines to give your child. We give vaccines at no cost to you. We may bill an administration fee to your child's health insurance. If insurance does not cover the fee, we will not bill you. Questions? Call (253) 649-1412.

Last name	First name		Middle initial
Mailing address	**City**	**State**	**Zip**
Sex assigned at birth	**Birthdate**		**Age**
☐ Female ☐ Male ☐ Intersex			

Health insurance

- ☐ My child does not have health insurance.
- ☐ My child's health insurance does not cover vaccines.
- ☐ My child has state-supported insurance, like Medicaid, Healthy Options, Molina, Basic Health Plan or coupons.
- ☐ My child has CHIP.
- ☐ My child has private health insurance.
- ☐ My child is American Indian or Alaska Native.

Check a box for each question.	Yes	No
1. Is your child sick today?	☐	☐
2. Does your child have a chronic medical condition (like diabetes, heart disease, lung disease, asthma, blood disease, etc.)?	☐	☐
3. Is your child allergic to any medication, latex, food, egg or vaccine component?	☐	☐
4. Has your child had a serious reaction to a vaccine?	☐	☐
5. Has your child had brain or other nervous system problems (like seizures, etc.)?	☐	☐
6. Has your child had Guillain-Barré syndrome after getting vaccine?	☐	☐
7. Does your child have an immune system problem (like cancer, leukemia, AIDS, etc.)?	☐	☐
8. In the past 3 months, has your child taken medication that weakened their immune system (like cortisone, steroids, anti-cancer drugs, x-ray treatments, etc.)?	☐	☐
9. In the past year, has your child had a transfusion of blood or blood products, immune (gamma) globulin or an antiviral drug?	☐	☐
10. Is your child pregnant or could they become pregnant in the next month?	☐	☐
11. Has your child had any vaccine in the past 4 weeks?	☐	☐

Parent/guardian signature

I was given a Vaccine Information Statement (VIS) explaining the benefits and risks of these vaccines. I am the parent or legal guardian of the above child and I give my permission for my child to receive vaccine. I understand my child's vaccination information will be entered into an electronic database that other medical providers can access.

Signature	Date	Name	Phone
_____	_____	_____	_____