Client Information	n	VACCII	NE ADMINIS		9141	• • • • • • • • • • • • • • • • • • • •	• •			
Last Name			First Name			N	1.1.	Date of Birth	Age	Sex  Male Female
Address			City/Township		Sta	ate		Zip	County	1
Phone (if age under 18, phone	of parent/guardian)	arent/Guardian Nan	ી ne (only if client is under ag	ge 18)		(for statis sian Pac		y) ] White ] Native American	Other	Hispanic?
						iden	_	, receive / innerreceiv		
Answer a few short	questions so we	can make sure	that the vaccine	e can be g	jiven t	oday:				
☐ Yes ☐ No	Is the client sig	ck today?								
☐ Yes ☐ No	Are you curre	ntly under quara	antine for COVID	-19?						
☐ Yes ☐ No	Is the client al → IF YES, list the	-	nedications, food	d (i.e. eggs	s, gela	tin), o	r any va	accines?		
☐ Yes ☐ No	Does the clien	t have a history	of Guillain-Barre	syndrom	ь? Р					
☐ Yes ☐ No			vaccine 8 years	-						
	•	_	2 total doses of in			e befo	re July	1, 2020?		
□ Yes □ No	Has the client ➤IF YES, list the		nes or anti-virals	in the las	t 30 d	ays?				
Enrolled in Medica	nid No Healtl	h Insurance	Other Private Insura	ance	Un	der-insi	ured (vac	cinations not cove	ered)	
	D 1/0 1:	<b>C</b> ( . !:	45.0							
Client Consent (or I	Parent/Guardiai			· ·						
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understand the benefits an consent that the Local Heal	d risks of the vaccine(s) th Department (LHD), o	and ask that the vaccir designee, from whom	ne(s) be given to me or to n I received the vaccinat	the person na tion, can bill r	med abo	ove for wince, if a	vhom I am pplicable.	authorized to make I understand I am fir	this request. I hancially respon	ereby sible for any
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