



PLEASE GIVE THE CLERK YOUR CHILD'S IMMUNIZATION RECORD WITH THIS FORM. (IT WILL BE RETURNED TO YOU)

www.HealthyOkaloosa.com

Client #: Florida Department of Health-Okaloosa County 221 Hospital Dr. NE, Fort Walton Beach (FWB) FWB Immunization Office Phone: (850) 833-9240 FWB Immunization Office Fax: (850) 833-3442 810 E James Lee Blvd, Crestview (CV) CV Office Phone: (850) 689-7808

CHILD'S NAME: DOB: RACE: M F

ADDRESS:

CITY: ZIP CODE: PHONE: GRADE: AGE:

Is the child listed above here with you right now? YES NO

List the names and date of birth for all siblings in the home:

Form Completed by: Relationship to Child: (PRINT Parent or Guardian Name)

Date:

Does your child have Medicaid? YES NO Does your child have health insurance? YES NO Does the insurance pay for vaccines? YES NO Is your child an American Indian or Alaskan Native? YES NO

Does your private physician usually administer your child's immunizations? YES NO Will you bring your child to the Health Department for future immunizations? YES NO

Child's Country of Birth (Date of Entry)

Parents Country of Birth

Please tell the nurse if any of the following apply to your child today.

* For Females: Is your child pregnant or thinks she may be pregnant? If so, please notify the Nurse PRIOR to vaccinations.

Weeks: 1-12 13-27 28-40

- Your child has had the CHICKEN POX DISEASE: Year of Disease: Your child has a fever. Your child has an allergy to medication, food or any vaccine. Your child has had a serious reaction to a vaccine in the past. Your child has had seizures or any other brain problem. Your child has cancer, leukemia, HIV/AIDS or any other immune problem. Your child has taken cortisone, prednisone, steroids, anticancer drugs, or had x-ray treatments in the past 3 months. Your child has received a transfusion of blood or blood products, or been given a medicine called immune (gamma) globulin in the past year. Your child has received any vaccinations within 4 weeks.

For Staff Use Only

VFC: PRIVATELY INSURED (Ins pays for vaccines) VFC Eligible: Medicaid/MCO VFC Eligible: UNDERINSURED VFC Eligible: Uninsured VFC Eligible: American Indian or Alaskan Native

For Staff Use Only

- Reason for visit Form 680 (blue card) Parent/Guardian Waiting Will Pickup Later Record for Social Security Card Immunizations