

WELD COUNTY DEPARTMENT OF PUBLIC HEALTH & ENVIRONMENT

VACCINATION QUESTIONNAIRE

Name of person receiving shots	Birth date	Age (years, months)	Today's Date
Is the person receiving the shots today an American Indian or Alaskan Native?			Yes No
Does this person have: Medicaid?			Yes No
Colorado Child Health Plan insurance?			Yes No
Other health insurance?			Yes No
If the person receiving the shots does have insurance, does it cover immunizations?			Yes No

This form helps us decide which shots should be given. If any of the questions are not clear, please ask a nurse to explain them.

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| 1. If the person receiving shots is under 18 years, is his/her parent or guardian present , or has a consent been signed by the parent? | Yes | No | Don't Know |
| 2. Is the person receiving shots sick today? | Yes | No | Don't Know |
| 3. Does the person receiving shots have any allergies to foods or medicines? If yes, please list: _____ | Yes | No | Don't Know |
| 4. Does the person receiving shots have problems that affect his/her brain or nervous system, such as seizures, convulsions, or "spells"? | Yes | No | Don't Know |
| 5. Does the person receiving the shots or anyone in his/her home have cancer, leukemia, severe asthma, AIDS, wheezing, diabetes, chronic illness, Guillian Barre syndrome or other immune system problems? | Yes | No | Don't Know |
| 6. Is the person receiving shots or anyone taking cortisone, prednisone, other steroids, or "X" ray treatments? | Yes | No | Don't Know |
| 7. Has the person receiving shots ever had a serious reaction after getting shots in the past? | Yes | No | Don't Know |
| 8. Has the person receiving the shots had a blood transfusion or immune globulin in the past year? | Yes | No | Don't Know |
| 9. Is the person receiving the shots pregnant or planning to become pregnant within the next 3 months? | Yes | No | Don't Know |
| 10. Has the person receiving shots ever fainted during or after getting shots in the past? | Yes | No | Don't Know |

I hereby affirm that the above information is correct to the best of my knowledge.

Signature of Client or signature of parent/guardian if client is under 18

Name of the person signing above (*Please Print Clearly*)