PORTAGE COUNTY COMBINED GENERAL HEALTH DISTRICT

Information about the person to receive the vaccine(s). Please print.

NAME: Last **First**	**Birthdate**	**Sex**	**Age**

ADDRESS:	**CITY:**	**ZIP:**

PHONE NUMBER: _____

Would you like to receive SMS text message reminders for your vaccine due date?

☐**No** ☐ **Yes If "yes" cell phone provider:** _____

Race: ☐ Alaskan Native ☐ American Indian ☐ Asian ☐ Black ☐ Hispanic / Latino ☐ White ☐ Native Hawaiian / Other Pacific Islander ☐ Other _____

Screening Questions: Which of the following apply to the person receiving the vaccine(s)?

1. Ill today? ……		**Y**	**N**
2. Have allergies to medications, food or any vaccine?.....		**Y**	**N**
3. Serious reaction to a vaccine in the past? ……		**Y**	**N**
4. Received any other vaccines in the past 28 days? ……		**Y**	**N**
5. History of seizures, neurological/brain problems? ……		**Y**	**N**
6. History of seizures in an immediate family member?……		**Y**	**N**
7. Diagnosed with cancer, leukemia, AIDS, asplenia, or other immune system problems?……..		**Y**	**N**
8. History of diabetes, liver, kidney, heart or lung disease?.....		**Y**	**N**
9. Received transfusion of blood or blood products or immunoglobulin in past year?.....		**Y**	**N**
10. Taken cortisone/prednisone, other steroids, or anti-cancer medications in past 3 months?...		**Y**	**N**
11. Pregnant or chance of becoming pregnant in the next month? ……		**Y**	**N**
12. For infant less than 8 months of age, history of intussusception?……	**NA**	**Y**	**N**

Please explain all of the "yes" replies: _____

_____

_____

I have answered the above questions to the best of my knowledge. I will receive a copy and read or have read to me the information contained in the Vaccine Information Sheet(s) about the disesase(s) and vaccine(s) the patient is going to receive today. I will have a chance to ask questions and have them answered to my satisfaction. I give my consent that the vaccine(s) be given to the patient for whom I am authorized to make this request.

I grant persmission for this record to be released to other healthcare providers, health departments, schools, daycare centers, community & state immunization registry databases, and others as permitted by law.

I have submitted the most up-to-date insurance information. If insurance does not cover the cost of the vaccine(s), I may be billed for services

I have read / seen a copy of the HIPAA policy.

X _____ Date: _____

Signature of Legal Custodian / Client

X _____, RN_____ Date: _____

Form reviewed / Vaccines administered by

PORTAGE COUNTY COMBINED GENERAL HEALTH DISTRICT

PAYMENT - Please select ONE of the following options:

☐ **Option 1. Patient is insured. (NOTE: PCHD must bill insurance if patient is insured)**

Primary Insurance (Billed by PCHD) - Circle one:** **ID#** _____

Aetna **Anthem Blue Cross/Blue Shield** **Buckeye** **Caresource**
Cigna PPO **Medicaid** **Medical Mutual PPO**
Medicare Part B **Molina** **Mutual Health PPO** **Paramount**
Summa Care PPO **United Health Choice Plus** **United Health Community Plan**

☐ **Option 2. Patient does not have insurance coverage.**

Pay $10 (cash or check payable to PCHD) per immunization (shot).

Cash $_____ **Check $** _____ **Check #**_____

****NOTE-** ***if you have an insurance policy not listed above, you have the option of paying for the vaccine(s) at the time of service. You will be given a receipt to submit to the insurance company for reimbursement.*** Please contact our biller at 330-298-4490 for pricing information and more details. **

If employer / school paying for vaccine(s) Please bill: _____

CLINIC/OFFICE USE

Date Administered	Vaccine	Lot Number	Site
Date Administered	Vaccine	Lot Number	Site
Date Administered	Vaccine	Lot Number	Site
Date Administered	Vaccine	Lot Number	Site
Date Administered	Vaccine	Lot Number	Site

VIS given for all administered vaccines:

RN Initials	VIS	Date	RN Initials	VIS	Date
	Dtap	8/6/2021		PPSV23	10/30/2019
	Hep A	10/15/2021		Polio	8/6/2021
	Hep B	10/15/2021		Rabies	6/2/2022
	HIB	8/6/2021		Rota	10/15/2021
	HPV	8/6/2021		Tdap	8/6/2021
	Flu	8/6/2021		Td	8/6/2021
	MMR	8/6/2021		Varicella	8/6/2021
	Men ACWY	8/6/2021		Zoster	2/4/2022
	MenB	8/6/2021		1st vacc.	10/15/2021
	PCV13	2/4/2022			

Updated 9/16/2022