



# Washtenaw County Immunization Clinic

## 555 Towner St., Ypsilanti, MI 48197



Child's LEGAL Name	Last	First	Middle Initial	Date of Birth:	Sex at birth: Male    Female	
Parent's LEGAL Name	Last	First	Middle Initial	Mother's Maiden Name:	Gender: Male Female Female-to-Male Male-to-Female Non-Binary Decline	
FULL Address	Street			Best Phone Number:		
	City	Zip Code	County	<b>Emergency Contact Name:</b>		
Parent's Email:				<b>Phone:</b>		
Do you have drug allergies?	No	Yes $\Rightarrow$	Drug:	Reaction:		
RACE (choose all that apply): <input type="checkbox"/> Alaskan Native <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hawaiian Native or other Pacific Islander <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Other:					Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic	
<b>Screening Questions</b>					<b>YES</b>	<b>NO</b>
Have you been ill in the last 24 hours, or received any other immunizations in the last 14 days?						
Are you currently in isolation because you have been told you have COVID-19 or in quarantine because you were a close contact of someone that has COVID-19?						
In the last 90 days have you received passive antibody therapy or convalescent plasma as part of COVID-19 treatment?						
Have you ever had an anaphylactic or other life-threatening reaction after receiving a vaccination?						
Have you ever had an anaphylactic or other life-threatening reaction after receiving another injectable therapy?						
Do you have any immune-compromising conditions or take any medications that affect your immune system?						
Do you have allergies to medications, eggs or other foods, a vaccine component, or latex?						
Are you pregnant or lactating?						
Do you have a history of bleeding or are you taking blood thinners?						
Have you ever fainted or become dizzy after receiving shots or having blood drawn?						
Have you ever had a previous dose of Covid-19 vaccine? If yes, which vaccine product?					J & J	Moderna
If you have received your 1st dose of COVID-19 vaccine, did you have a vaccine reaction within four hours that prompted you to seek medical care?					Pfizer	NO
I have received a copy of the Notice of Privacy Practices of the Washtenaw County Health Department and an "After the Shots" information sheet.					<input checked="" type="checkbox"/>	
<b>Release of Records:</b> I authorize Washtenaw County Health Department to release this immunization record to the <b>Michigan Care Improvement Registry</b> , appropriate daycare, school personnel, employer or the healthcare provider(s) as needed. I authorize reminder/recall mailings and text messages.					<input checked="" type="checkbox"/>	

I have been given a copy and have read, or have had explained to me, the information contained in the most current Vaccine Information Sheet(s) or the appropriate Emergency Use Authorization form about the disease(s) and the vaccine(s) which are to be administered today. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of the specific vaccine(s). **I ask that the vaccine(s) I have requested be given to me, or to the person named above for whom I am authorized to make this request, without my physical presence. I understand that if any staff member is exposed to blood/body fluids, a request will be made for a blood test. I understand that if I falsify information, I am committing fraud and the Washtenaw County Health Department will not be held liable for injury to my child.**

\_\_\_\_\_  
Client Signature (Parent or Guardian if under age 18 years)

\_\_\_\_\_  
Date

**STAFF USE ONLY**

VACCINE BRAND	LOT #	SITE/ROUTE	SIGNATURE OF VACCINATOR
<b>PFIZER MODERNA</b>		Right / Left Deltoid / AL Thigh	
Education Complete Stamp:	MCIR Entry Complete Stamp:	NOTES:	<input type="checkbox"/> 3rd <input type="checkbox"/> 4th dose