



Immunization Clinic Hours are from 7:30AM to 2:00PM Monday thru Friday. The clinic is closed on the 2nd Friday of each month. For ease of access, APPOINTMENTS ARE NOT AVAILABLE and services are provided on a walk-in, first come, first served basis.

832 West Central Blvd. www.orchd.com Ph. 407-836-2502 Fax: 407-836-2595

<input type="checkbox"/> SR	<input type="checkbox"/> CP	<input type="checkbox"/> IOS	<input type="checkbox"/> SS	<input type="checkbox"/> DL	<input type="checkbox"/> GC	ID	<input type="text"/>	<input type="checkbox"/> SR	<input type="checkbox"/> CP	<input type="checkbox"/> IOS	<input type="checkbox"/> SS	<input type="checkbox"/> DL	<input type="checkbox"/> GC	ID	<input type="text"/>
<input type="checkbox"/> NSR	<input type="checkbox"/> CNP	<input type="checkbox"/> BC	<input type="checkbox"/> PP	<input type="checkbox"/> SI	<input type="checkbox"/> MI	COLL	<input type="text"/>	<input type="checkbox"/> NSR	<input type="checkbox"/> CNP	<input type="checkbox"/> BC	<input type="checkbox"/> PP	<input type="checkbox"/> SI	<input type="checkbox"/> MI	COLL	<input type="text"/>

Last Name : _____
 First Name: _____
 Middle Name: _____ Race: _____
 Birthdate: ____ - ____ - ____ Female or Male: _____

Last Name : _____
 First Name: _____
 Middle Name: _____ Race: _____
 Birthdate: ____ - ____ - ____ Female or Male: _____

Home Address: _____ Apt/Unit # _____ City: _____ St: _____

Zip code: _____ Cell Phone: (____) _____ - _____ Home Phone: (____) _____ - _____

May 1, 2013: The immunization clinic is open **year round**. Students needing Educational Institution Immunization forms for entry into College, Trade or Vocational Schools may have them completed now. Please **DO NOT DELAY** completing immunization requirements until **July, August or right when school starts** as there is a **HIGH DEMAND** for immunization services and **VERY LONG LINES** at those times. The Immunization Program promotes vaccinations as an effective means of stopping the spread of vaccine preventable diseases. Persons receiving vaccination against HPV are required to wait for **15 minutes** after vaccination. Your **ESTIMATED** TIME OF SERVICE for today is: _____. Please do not return your completed paperwork to the check-in window or to the check in table. Please remain seated and an employee will come to you and collect your paperwork. Please give the employee **all** of your immunization records so that an accurate determination of needed vaccinations may be made. **My signature below indicates my acknowledgement that there is a 15 minute wait required after HPV vaccination, the ESTIMATED time of service and the fee for immunization forms and vaccinations. I consent to the vaccine program service that I am requesting.**

RECEIPT FOR PAYMENT OF VACCINATIONS AND FORMS MUST BE PRESENTED PRIOR TO RECEIVING SERVICE

Signature _____ Insurance: _____ Date: ____/____/____

Please **CIRCLE Y** for **YES** or **N** for **No** to the following questions about each adult

Adult's Name:		Adult's Name:	
What YEAR or AGE did you have the Chicken Pox DISEASE ?		What YEAR or AGE did you have the Chicken Pox DISEASE ?	
Y	N	Are you sick today?	Y N
Y	N	Are you allergic to Eggs, Latex, Baker's Yeast or Gelatin?	Y N
Y	N	Would you like a FLU shot today?	Y N
Y	N	Do you have allergies to medications, food, a vaccine component, or latex?	Y N
Y	N	Have you ever had reactions to Pertussis (Whooping Cough) or other shots?	Y N
Y	N	Do you have a long-term health problem with heart disease, lung disease, asthma, kidney disease, metabolic disease (e.g., diabetes), anemia, or other blood disorder?	Y N
Y	N	In the past 3 months, have you taken medications that weaken your immune system, such as cortisone, prednisone, other steroids, or anticancer drugs, or have you had radiation treatments?	Y N
Y	N	Do you have Cancer, Leukemia, HIV/AIDS or other immune system issues?	Y N
Y	N	Have you had your spleen removed?	Y N
Y	N	Have you had vaccines and/or a TB skin test in the last 4 weeks?	Y N
Y	N	In the past year, have you had a blood transfusion or been given blood products, immune (gamma) globulin or antiviral medications?	Y N
Y	N	Have you had a seizure or a brain or other nervous system problem?	Y N
Y	N	Have you had brain or other nervous system problems?	Y N
Y	N	If you are a female, are you pregnant or is there a chance that you could become pregnant during the next month?	Y N
Last menstrual cycle for : _____ / _____ / _____		Last menstrual cycle for : _____ / _____ / _____	
IMM ID #:		IMM ID #:	
Ticket #		Ticket #	
Vaccines Administered		Vaccines Administered	