



Immunization Clinic Hours are from 7:30AM to 2:00PM Monday thru Friday. 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: _____
 Birthdate: ____ - ____ - ____ Female or Male: _____
 Race: _____ **Grade in School:** _____
 Relationship to child: _____

Last Name : _____
 First Name: _____
 Middle Name: _____
 Birthdate: ____ - ____ - ____ Female or Male: _____
 Race: _____ **Grade in School:** _____
 Relationship to child: _____

Home Address: _____ Apt/Unit # _____ City: _____ St: _____
 Zip code: _____ Cell Phone: (____) _____ - _____ Home Phone: (____) _____ - _____

For Office Use Only: L: _____ F: _____ DOB: ____ - ____ - ____

May 1, 2013: The immunization clinic is open year round. Children currently due for school vaccinations may receive them now. **Please DO NOT DELAY obtaining school vaccinations until July or August when there is a HIGH DEMAND for immunization services and VERY LONG LINES.** The Immunization Program promotes vaccinations as an effective means of stopping the spread of vaccine preventable diseases. In addition to school required shots, we FULLY immunize children by offering and providing non-school required vaccinations against Rotavirus, Hepatitis A, Human Papillomavirus (HPV) and Meningitis. Children receiving vaccination against HPV are required to wait for **15 minutes** after receiving the shot. **Your ESTIMATED TIME OF SERVICE for today is:** _____. Please do not return your completed paperwork to the check-in window; an employee in the waiting area will collect it. Please give the employee **all** of the children's immunization records so that an accurate determination of needed vaccinations can be made. **It is very important that you bring your child's vaccination records with you each time you visit the clinic.** My signature below indicates my acknowledgement that the immunization program operates **3 DIFFERENT CLINICS**, the **15 minute** wait required for HPV vaccination, the **ESTIMATED** time of service, the fee for immunization forms, the attached list of items required for a child's first visit and the rules of the clinic posted in the waiting area. I have the legal authority, based on my relationship to the children indicated above, to consent to their vaccine program service.

CHILDREN WITH HEALTH INSURANCE SHOULD OBTAIN VACCINATIONS AT THEIR PRIVATE HEALTHCARE PROVIDER'S OFFICE

Signature _____ **Child's Health Insurance:** _____ Date: ____ / ____ / ____

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

Child's Name: _____		Child's Name: _____	
What YEAR or AGE did this child have the Chicken Pox DISEASE ? _____		What YEAR or AGE did this child have the Chicken Pox DISEASE ? _____	
SCHOOL CHILD ATTENDS: _____		SCHOOL CHILD ATTENDS: _____	
Y	N	Y	N
Is this child allergic to medications, food, a vaccine component, or latex?		Is this child allergic to medications, food, a vaccine component, or latex?	
Y N Would you like this child to receive a FLU shot today?		Y N Would you like this child to receive a FLU shot today?	
Y N Is this child sick today?		Y N Is this child sick today?	
Y N Has this child had a reaction to Pertussis (Whooping Cough) or other shots?		Y N Has this child had a reaction to Pertussis (Whooping Cough) or other shots?	
Y N Has this child ever been diagnosed with intussusception?		Y N Has this child ever been diagnosed with intussusception?	
Y N Has this child ever had lung (asthma, wheezing), heart, kidney or metabolic disease (e.g., diabetes), a blood disorder or on long-term aspirin therapy?		Y N Has this child ever had lung (asthma, wheezing), heart, kidney or metabolic disease (e.g., diabetes), a blood disorder or on long-term aspirin therapy?	
Y N In the past 3 months has this child taken steroids, cortisone, prednisone, anticancer medication or radiation therapy?		Y N In the past 3 months has this child taken steroids, cortisone, prednisone, anticancer medication or radiation therapy?	
Y N Does this child have Cancer, Leukemia, HIV/AIDS or other immune system health problems?		Y N Does this child have Cancer, Leukemia, HIV/AIDS or other immune system health problems?	
Y N Has this child had his/her spleen removed?		Y N Has this child had his/her spleen removed?	
Y N Has this child ever received dialysis treatment?		Y N Has this child ever received dialysis treatment?	
Y N Has this child had vaccines and/or a TB skin test in the last 4 weeks?		Y N Has this child had vaccines and/or a TB skin test in the last 4 weeks?	
Y N In the past year, has this child had a blood transfusion, been given blood products, immune (gamma) globulin or antiviral medications?		Y N In the past year, has this child had a blood transfusion, been given blood products, immune (gamma) globulin or antiviral medications?	
Y N Has this child or its sister, brother or parent had a seizure or convulsion?		Y N Has this child or its sister, brother or parent had a seizure or convulsion?	
Y N Has this child had brain or other nervous system problems?		Y N Has this child had brain or other nervous system problems?	
Y N If this child is a girl, is she pregnant or is there a chance that she could become pregnant within the next 30 days?		Y N If this child is a girl, is she pregnant or is there a chance that she could become pregnant within the next 30 days?	
Last menstrual cycle for this child: _____ / _____ / _____		Last menstrual cycle for this child: _____ / _____ / _____	
<p>May 1, 2013: All students entering 7th grade in August 2014 are required to have a Tdap shot. Check with your child's school to see if your child has had their Tdap shot. If not, get it now to avoid long lines and long wait times in July 2014 and August 2014</p>			
IMM ID #:		IMM ID #:	
Ticket #		Ticket #	
Vaccines Administered		Vaccines Administered	