



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. Orange.FLHealth.gov Ph. 407-836-2502 Fax: 407-836-2595

CHILD

SR CP IOS SS DL GC || ID
 NSR CNP BC PP SI MI || COLL

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

SR CP IOS SS DL GC || ID
 NSR CNP BC PP SI MI || COLL

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: ____-____-____

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

| | |
|-----------------|----------------|
| Entry Ticket # | Entry Ticket # |
| Q-Flow Ticket # | Qflow Ticket # |

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 | Is this child allergic to medications, food, a vaccine component, or latex? | Y N | 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: ____/____/____ | |
| All students entering 7 th grade 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 and August each year | | | |
| IMM ID #: | | IMM ID #: | |
| Vaccines Administered | | Vaccines Administered | |
| | | | |
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