



IMMUNIZATION CONSENT Client Registration Form

Jackson County Health Dept.
1715 Lansing Ave., Suite 221
Jackson, MI 49202

Name of Client (Last, First, Middle) - <i>please print</i>			Gender Female Male	Client Birth Date ____/____/____ Age: ____ Month Day Year
Address	City	Zip	County	Telephone Home () Cell ()
Race/Ethnicity: <i>(please circle)</i> Asian Black Hispanic Native American White Other _____			Today's Approx. Weight: lbs.	Name of Client's Physician/Practice:
Parent/Guardian name OR Maiden Name (Last, First, Middle)			(this space intentionally blank)	

Screening Questions

The following questions will help us determine which vaccines may be given today.

If a question is not clear, leave it blank and the nurse will explain it.

YES NO Don't Know

1. Is the client sick today, or have a fever?

2. Does the client have any allergies to medications, food, a vaccine component, or latex?

3. Has the client had a serious reaction to a vaccine or injectable medicine in the past?

4. Has the client, a sibling, or a parent had a seizure; has the client had brain or other nervous system problems? Has he/she ever had Guillain-Barre' syndrome?

5. Have you received antibody or plasma treatment for COVID-19 infection in the past 90 days?

6. Is the client pregnant?

7. Has the client received vaccinations in the past 14 days?

I have been provided with and agree to the content of the following forms (please check marks by each document):

☐ Notice of Privacy Practices (HIPAA Statement)

☐ Immunization Consent

Signature of client/parent/guardian/or person in loco parentis

Date

Office Use Only

Vaccine: Pfizer Moderna J&J/Janssen

Lot#: _____

Site: L Arm R Arm _____

Dose: 1ST Dose 2nd Dose

MCIR ID (staff use only): _____

Administered by: _____

Comments:

Office Use Only

Our practice will make a good faith effort to obtain a written acknowledgment of receipt of the Notice of Privacy Practices provided to the individual. If written acknowledgment is not obtained, our practice must document its good faith efforts to obtain such acknowledgment and record the reason why the acknowledgment was not obtained.

Please circle: Refused to Sign *Physically unable to sign

* Previously signed Other: _____

* Document program, if known: _____

Employee Signature

Date