

1. STUDENT INFORMATION

Student Name: _____
Last First Preferred

I Identify As: M F _____ Birth Date: (Year/Month/Day) _____

Health Card Number: _____ Physician/NP Name: _____

Primary Phone: _____ Alternate Phone: _____

School: _____ Teacher: _____ **RETURN TO SCHOOL BY:**

2. STUDENT HEALTH HISTORY (please check boxes)

Does your child have any known allergies? (food, drugs, yeast, latex) No Yes

If yes, please explain: _____

Has your child ever had a reaction to a shot? No Yes

If yes, please explain: _____

Does your child have any medical conditions or take any medications on a regular basis? No Yes

If yes, please explain: _____

3. CONSENT FOR IMMUNIZATION

Hepatitis B	Meningococcal (Men-C-ACYW)	Human Papillomavirus (HPV-9)
<input type="checkbox"/> YES my child may be given the shot against hepatitis B. _____ Parent/Guardian Signature _____ Date	<input type="checkbox"/> YES my child may be given the shot against meningococcal disease (ACYW). _____ Parent/Guardian Signature _____ Date	<input type="checkbox"/> YES my child may be given the shot against HPV-9. _____ Parent/Guardian Signature _____ Date
<input type="checkbox"/> NO I do not consent for my child to be given the shot against hepatitis B.	<input type="checkbox"/> NO I do not consent for my child to be given the shot against meningococcal disease (ACYW).	<input type="checkbox"/> NO I do not consent for my child to be given the shot against HPV-9.
My child has already received the hepatitis B vaccine: <input type="checkbox"/> Hep B <input type="checkbox"/> Twinrix 1. _____ <small>(yyyy/mm/dd)</small> 2. _____ <small>(yyyy/mm/dd)</small> 3. _____ <small>(yyyy/mm/dd)</small>	My child has already received the meningococcal (ACYW) vaccine. Date: _____ <small>(yyyy/mm/dd)</small> *This is a required vaccine. It is different than the vaccine given on or after the first birthday.	My child has already received the HPV vaccine. 1. _____ <small>(yyyy/mm/dd)</small> 2. _____ <small>(yyyy/mm/dd)</small> 3. _____ <small>(yyyy/mm/dd)</small>
Unless cancelled, this request is valid for the time period required to complete the series.		

