

DOC TYPE



10007



VANCOUVER CLINIC

Child and Teen Immunization Screening Questionnaire

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

For parents/guardians: The following questions will help us determine which vaccines your child may be given today.

Table with 4 columns: Question, Yes, No, Don't Know. Contains 15 screening questions regarding child health, allergies, and immunization history.

16. Vaccines for Children (VFC) eligibility-Select FIRST true statement.
- Pt is American Indian/Alaska Native
- Pt has DSHS/MOLINA
- Pt is Uninsured
- Pt has Ins. vaccine not covered
- Pt has Ins. vaccine covered

Consent: I understand the benefits and risk of the vaccines being given today, and ask that they be given to me or the person listed above who I am authorized to make consent.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Patient

Form reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Immunizations given today \_\_\_\_\_