

**PERMISSION FOR IMMUNIZATIONS TO BE GIVEN BY  
SHIAWASSEE COUNTY HEALTH DEPARTMENT**

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

I \_\_\_\_\_ give permission to \_\_\_\_\_

(Parent Name)

(Person bringing child)

to bring my child \_\_\_\_\_ to receive immunizations.  
(Child's name)

**Screening Questionnaire for Child and Teen Immunization**

For parents/guardians: Please mark yes or no for the following questions, which will help us determine which vaccines your child may receive. Please also complete second page.

	YES	NO
1. Is the child sick today?		
2. Does the child have allergies to medications, food, or any vaccine?		
3. Has the child had a serious reaction to a vaccine in the past?		
4. Has the child had a health problem with asthma, lung disease, heart disease, kidney disease, metabolic disease (e.g., diabetes), or a blood disorder?		
5. If the child is between the ages of 2 and 4 years, has a healthcare provider told you that the child had wheezing or asthma in the past 12 months?		
6. Has the child had a seizure, brain, or other nervous system problem?		
7. Does the child have cancer, leukemia, AIDS, or any other immune system problem?		
8. Has the child taken cortisone, prednisone, other steroids, or anticancer drugs, or had radiation treatments in the past 3 months?		
9. Has the child received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug in the past year?		
10. Is the child/teen pregnant or is there a chance she could become pregnant during the next month?		
11. Has the child received vaccinations in the past 4 weeks?		

ALSO COMPLETE REVERSE SIDE

The Vaccine Information Sheets (VIS) may be given to the person with the child when immunizations are given.

Please check which vaccines are to be given:

\_\_\_\_\_ Age appropriate vaccines      \_\_\_\_\_ Including seasonal flu

\_\_\_\_\_ School required vaccines

\_\_\_\_\_ Only the following vaccines \_\_\_\_\_

Please complete the following for the child receiving immunizations.

Name \_\_\_\_\_

(Last)

(First)

(Middle Initial)

Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Signature of parent or guardian

**X** \_\_\_\_\_

Date \_\_\_\_\_

Phone Number where parent can be reached \_\_\_\_\_