



WARREN C. EVANS
WAYNE COUNTY EXECUTIVE

I, _____ give permission for my child,

Parent/Guardian name

_____, to receive

Child's name

Birth Date

Immunizations required for school attendance from the Wayne County Health Department at _____ This includes age-appropriate, **required** vaccines: (Diphtheria, Tetanus, Pertussis (DTaP, Tdap, Td), Measles, Mumps, Rubella (MMR), HIB, Pneumococcal, Hepatitis B, Polio, Varicella (chickenpox), Meningitis ACWY;

Recommended vaccines will also be administered which include, Hepatitis A, and Influenza).

The health dept will administer all required and recommended vaccines unless indicated below. Vaccine information sheets will be available at the event or online at www.michigan.gov/vis

If there are vaccines I choose not to have administered, I will indicate here:

Health history questions (Must be answered):

Is your child:

Check YES or NO

	YES	NO
Currently sick, have fever or illness?		
Currently under medical treatment?		
Received medicine or shots in past month?		
Any allergies? (Egg, neomycin, streptomycin, yeast products, mercurial products, gelatin, thimerisol, alum, and 2-phenoxyethol?		
Received blood, plasma or any immune globulin in the past 6 months?		
Suffered from SEVERE reaction to previously administered vaccines?		
Convulsions or neurological disease?		
Diagnosed or being treated for cancer, leukemia, lymphoma, organ transplant, immune deficiency, being treated with steroids (cortisone-like) or radiation?		
History of Gastrointestinal disease or intussusceptions?		
Vaccine Information sheets have been provided and understood?		

If I have any questions regarding the vaccines, I understand I may contact the Wayne County Dept of Public Health nurse at 734-727-7150 or 734-727-7068 to address my questions.

Parent/Guardian Signature

Date

Wayne County Department of Public Health
Immunization – Demographic Sheet

Client Name (First-Last): _____

Street Address: _____

City: _____ State: Michigan Zip: _____

Phone Number (preferred): _____ cell home other

Birth date: _____

Gender (Choose One): Male Female

I certify that the above information is true and accurate to the best of my knowledge and understanding. I further understand that this information may be used to determine sliding fee scale discounts for which I may be eligible. I also understand that if the information is determined to be false, I may be required to pay for any discounts that I have received. Clients will not be denied services due to inability to pay.

Print Parent/Guardian Name: _____

Parent/Guardian/Client: _____ Date: _____