Door County Public Health 920-746-2234

Consent to Receive Vaccine Form 2019-2020

Complete this form for your child to receive <u>FREE Flu</u> vaccine at school.

Information will be recorded on the Wisconsin Immunization Registry (WIR)

Relationship to Student's Last Name: First Name: Middle: Date of Birth (mmidd/yyyy) Gender Date	(PLEASE PRINT CLEARLY)				, , ,			
Name of Parent or Guardian Responsible for Student if under 18: (Last, First, M.I.) Parent/Guardian Daytime Phone Number(s) Please answer the following questions (circle Yes or No): Does the child have allergies to medications, food, or a vaccine component, eggs, or latex? Please list: YES NO Has the child ever had a senious reaction to a vaccine in the past? YES NO blood disorder? Is he/she on long-term aspriin therapy? Does the child have allergies to medications, food, or a vaccine component, eggs, or latex? Please list: YES NO Has the child had a health problem with lung, heart, kidney, or metabolic disease (e.g. diabetes), asthma, or a YES NO blood disorder? Is he/she on long-term aspriin therapy? Does the child have a chronic medical condition (asthma, diabetes, heart, lung or kidney diseases)? YES NO Has the child as abiling, or a parent had a seizure; has the child had brain, or other nervous system problems? YES NO Has the child average the child had brain. For the child had brain and the child as sibling, or a parent had a seizure; has the child had brain, or other nervous system problems? YES NO Does the child have cancer, leukemia, AIDS, or any other immune system problem? YES NO produced environment or isolations or fair diadlation treatments? Does the child have colose contact to someone whose immune system is severely compromised and must be in a YES NO protected environment or isolation? (ei. someone who has recently had a bone marrow transplant?) In the past year, has the child received a transfusion of blood or blood products, or been given immune (gamma) YES NO globulin or an antiviral drug? Is the childfreen pregnant or is there a chance she could become pregnant during the next month? YES NO Has the child received vaccinations in the past 4 weeks? Please list: Is the childfreen pregnant or is there a chance she could become pregnant during the next month? YES NO Has the child received vaccinations in the past 4 weeks? Please list: Is the childfreen pregnant or is there a chance sh	Student's Last Name:	First	Name:	Middle:	Date of Birth (mm/dd/	'уууу)		
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