Sherman County Health Department

Patient Information

Patient's Last Name	Patient's First Name	Phone Number	Age	Birth Date

Street Address	City	County	State	Zip Code

Ethnicity

☐ Not Hispanic/Latino
☐ Hispanic/Latino

Race

☐ Caucasian/White
☐ Asian
☐ American Indian/Alaskan Native
☐ African American/Black
☐ Native Hawaiian/Other Pacific Islander
☐ Other Non-white

Gender

☐ Male
☐ Female

Insurance

Name of Insurance Company	Policy Number

Insured's Name	Insured's DOB

Immunization Screening Questionnaire

1	Is the patient to be vaccinated currently sick? Has the patient had a serious reaction to a vaccine in the past?	Yes	No	Unsure
2	Does the patient have allergies to medication, food, a vaccine component, or latex?	Yes	No	Unsure
3	Does the patient have any medical conditions that could affect vaccination? (such as: immunocompromising conditions, intussusceptions, Guillain-Barré Syndrome, or others)	Yes	No	Unsure
4	Has the patient ever felt dizzy or faint before, during, or after a shot?	Yes	No	Unsure
5	Is the patient pregnant or could become pregnant within the next one month?	Yes	No	Unsure
6	Has the patient had a vaccination within the past 4 weeks?	Yes	No	Unsure

Vaccine Consent

I acknowledge that I have been offered a copy of the Vaccine Information Statement(s) (VIS) for the vaccines being administered today. I have read, had explained to me, and understand the information in the VIS(s). I ask that the vaccines(s) checked below be given to me or to the person named above for whom I am authorized to make this request.

	Vaccine	Cost	Code
☒	DTaP	$ 34.50	Z23-90700
☐	DTaP-IPV	$ 72.00	Z23-90696
☒	DTaP-IPV-HepB	$ 117.00	Z23-90723
☐	DTaP-IPV-HepB-HIB	$ 176.00	Z23-90697
☒	Influenza	$ 25.00	90656 / 90471
☐	IPV (Polio)	$ 51.25	Z23-90713
☒	HIB	$ 35.00	Z23-90647
☐	Hepatitis A (ped)	$ 45.25	Z23-90633
☒	Hepatitis B (ped)	$ 34.00	Z23-90744

	Vaccine	Cost	Code
☐	HPV	$ 345.00	Z23-90651
☒	MMR	$ 111.00	Z23-90707
☐	MenACWY	$ 200.25	Z23-90619
☒	MenB	$ 268.40	Z23-90620
☐	PCV20	$ 314.00	Z23-90677
☒	Rotateq	$ 112.00	Z23-90680
☐	Tdap	$ 56.50	Z23-90715
☐	Varicella	$ 210.00	Z23-90716

	Vaccine	Cost	Code
☒	Hepatitis A (adult)	$ 92.00	Z23-90632
☐	Hepatitis B (adult)	$ 80.00	Z23-90746
☒	HepA-HepB (Twinrix)	$ 147.00	Z23-90636
☐	Shingles (Shringrix)	$ 237.50	Z23-90750
☒	Moderna COVID (12+)	$ 155.00	91322/ 90480
☐	RSV	$ 340.00	Z23-90679
☒	High dose Influenza	$ 85.00	90662 G008
☐	Administration ($10 cash)	$ 30.00	90471.2.3.4

☐ Yes ☐ No Is client VFC / VFA eligible?

Total

I acknowledge that I have been provided SCHD's Notice of Privacy Practices with the effective date of August 30, 2013.

I give permission for Sherman County Health Dept to provide services and/or treatment for myself or my child and I understand that I am financially responsible for all services rendered today.

Signature _____ Relationship to patient _____ Date _____