

**Chautauqua County Department of Health
Adult Immunization Clinic Intake Form**

Information about the person to receive vaccine (Please Print):

Last Name		First Name		Middle Initial
Street Address		City		State
Zip	County	Phone Number	Age	Birth Date
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Has consent been given to enter immunization record in New York State Immunization Information System? <input type="checkbox"/> NO <input type="checkbox"/> YES			
	If yes, enter Mother's Maiden Name; First:		Last:	

Medical Information:

Please answer each question by checking yes or no.	Yes	No
Does person currently have a moderate to severe illness?		
Has person had a previous severe reaction to an immunization?		
Has person received a vaccination, immune globulin injection or a blood product in the past 1-3 months?		
Does person, family member or household contact have a depressed immune system?		
Does person have a neurologic disorder, or history of seizures or Guillain-Barre?		
Is person on any medications?		
Is person pregnant?		
Has person had a previous life threatening allergic reaction to eggs, baker's yeast, neomycin, streptomycin, polymyxin B, thimerosal, bacitracin, gelatin, gentamicin, MSG, or latex?		
Is person receiving aspirin therapy or aspirin containing therapy?		

This Section for Official Use - Do Not Complete

I have been given a copy and I have read, or have had explained to me, the information contained in the appropriate Vaccine Information Statement(s) (VIS) or the appropriate Important Information Statement(s) about the disease(s) and vaccine(s) indicated below. I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of the indicated vaccine(s) and request that the vaccine(s) indicated below be given to me or to the person named above for whom I am authorized to make this request.

Vaccine	Date Given	Novartis Lot #	VIS date	INJ Site	Provider Name & Title	Patient Signature
Influenza inactive						
Influenza Inactive - Preservative free						
Pneumococcal						
Tdap (Adacel)						