

Hamilton County Public Health Vaccine Administration Record

Attach label here/or fill out information

Allergies _____

Last Name _____ First Name _____ Middle Initial _____ DOB _____

Gender: (circle) Male Female Contact # (Home or Cell) _____

Address _____ City _____ State _____ Zip _____

Family Doctor _____ Family Dentist _____ Medicaid # _____ Private Pay \$ _____

Please fill out the following information. Your record will be filed in Iowa Immunization Registry Information System (IRIS).

Child Program Only

This child does/does not (circle one) qualify for vaccination through the VFC program because he/she (check only one):

- (a) _____ is enrolled in Medicaid**
- (b) _____ does not have health insurance**
- (c) _____ is American Indian or Alaskan Native**
- (d) _____ is underinsured because health insurance that DOES NOT pay for vaccines** (Underinsured children includes those who have health insurance but the benefit plan does not include immunizations, covers only select vaccines, or caps the vaccine cost at an established unit)
- (e) _____ is NOT eligible for the VFC Program because they have health insurance that DOES pay for vaccine**

I have read and understand the appropriate Vaccine Information Statement(s). I have had a chance to ask questions which were answered to my satisfaction. I understand the benefits and risks of the vaccine(s) and ask that the vaccine be given to me, or to the person names for whom I am authorized to make this request. I accept responsibility for seeking medical attention for any problems with this vaccination.

Signature of person to receive vaccine (18 years or older) or Parent/Guardian

Date

6/16/20

