

HEALTH ASSESSMENT FORM

CHILD'S NAME _____

SCHOOL _____

Birth State _____ DOB _____

Y N

- ☐ ☐ Have you received the Vaccine Information Statement(s) describing the vaccines your child will be getting?

Has or does your child:

- ☐ ☐ Been in good health in the past week?
- ☐ ☐ Had any problems after receiving vaccine before?
- ☐ ☐ Have any allergies to food or medicine? _____
- ☐ ☐ Have any problems with the immune system?
- ☐ ☐ Received any blood products or Immune Globulin in the last year?

Signature of parent or guardian _____

Date _____

ND BC/BS or Sanford Insurance # _____

or

ND Medicaid # _____

or

Check or Cash amount included:

Tdap	\$ 58
MCV4	\$143
Both	\$201