



School: _____ Grade: _____ Teacher: _____

Student Name (First) _____ (MI) _____ (Last) _____

Parent/Guardian Name: _____ Phone Number: (_____) _____

Mothers Maiden Name: _____ Race: _____ (This is required for OK State Immunization Registry)

Student Date of Birth: Month _____ Day _____ Year _____ Age: _____ Sex: Male Female

Mailing Address: _____ (Street) _____ (City) _____ (State) _____ (Zip)

Insurance Information *PLEASE ATTACH A COPY OF INSURANCE CARD IF APPLICABLE OR MARK APPROPRIATE BOX*****

1. STUDENT IS UNINSURED STUDENT IS SOONERCARE STUDENT IS AMERICAN INDIAN OR ALASKA NATIVE
 STUDENT HAS PRIVATE HEALTH INSURANCE (ex: BCBS, Global Health, United, etc.)

2. Insurance Carrier Name: _____ ID#: _____ Group #: _____
(ex: BCBS, United, HealthChoice, SoonerCare) (Some ID Cards do not have a Group #)

3. Secondary Insurance Carrier Name: _____ ID#: _____ Group #: _____

4. Is the student the primary insured? Yes No
If NO, please list the Name and Date of Birth of the primary insured: (in most cases this is the parent)

Name: _____ Date of Birth: _____

For all immunizations, including the flu vaccine, answer all of the questions in this section:

	YES	NO
1. Is your student sick today or have a high fever?	<input type="radio"/>	<input type="radio"/>
2. Does your student have allergies to eggs, medications, food, a vaccine component, or latex?	<input type="radio"/>	<input type="radio"/>
3. Has your student ever had a serious reaction after receiving a vaccination?	<input type="radio"/>	<input type="radio"/>
4. Has your student had a seizure or a brain or other nervous system problem including Guillain-Barré Syndrome?	<input type="radio"/>	<input type="radio"/>
5. For Young Women: Is there a possibility that the child is pregnant?	<input type="radio"/>	<input type="radio"/>

Signature and Consent

I consent and authorize my child to receive immunization(s) that I have initialed from Passport Health Oklahoma without my physical presence and based on my selection on the previous page. I understand that Passport Health Oklahoma maintains the right to decline any immunization to my child if he/she is unruly and presents a risk for unintentional needle-stick to staff or student. I have had a chance to read and ask questions regarding the immunization(s) offered and any questions have been answered related to benefits/risks of the vaccines offered. I authorize the child's immunization record to be released for public health and state law purposes to include OK State Health Department, school & district, and pediatrician.

- _____ • I **DO** give consent for my child to receive vaccine by Passport Health
- _____ • I **DO NOT** give consent for my child to receive vaccine by Passport Health

Parent/Guardian Signature: _____ Date: _____



This QR code will take you to the Vaccine information sheet for the Flu Vaccine.



Participation is Optional. Only students with a completed consent form will receive vaccine(s).

Getting the vaccines helps everyone stay healthy.

It's safe, easy, and convenient.

- Vaccines will be given at school, during school hours, by trained nurses from Passport Health Oklahoma.
- The vaccines are the same as what your student would get from your usual doctor or clinic.
- When more kids and adults are vaccinated against diseases, it helps *everyone* stay healthier.



There are no upfront charges/fees. All vaccines will be billed to your child's insurance or obtained through the VFC Program. There are no copays due for this service, and most insurance companies pay 100% for vaccines. Children eligible for the VFC Program include any child enrolled in SoonerCare/Medicaid, or are Native American, Native Alaskan, or uninsured.

How will my child's shot record be updated?

All immunizations are entered into the Oklahoma State Immunization Information System (OSIIS), a shared registry with doctor offices and County Health Departments.

Questions about this form or any of the vaccine,

Please call Passport Health OK at **OKC** 405-563-8961, **Tulsa** 918-770-4290



For Official Use

Vaccine: _____ Site: _____ Lot#: _____ Exp.: _____ VIS Rev Date: _____

VFC Private Nurses Initials: _____ Date: _____