Immunization Registration/Release Form

(Please fill out information completely)

Registration Information

Last name	First Name	Middle Initial	Date of Birth	Age

Address	City/State	Zip

Home Phone	Cell Phone

Gender: ☐ **Female** ☐ **Male**

☐ American Indian
☐ Alaska Native
☐ Asian
☐ Black or African American
☐ Hispanic or Latino
☐ Native Hawaiian or Other Pacific Islander
☐ White
☐ Other _____

1. **Is the person being vaccinated sick today?** ☐ **Yes** ☐ **No**
2. **Has the person being vaccinated ever had a serious reaction to a vaccine in the past?** ☐ **Yes** ☐ **No**
3. **Has the person being vaccinated ever had Guillain-Barré syndrome?** ☐ **Yes** ☐ **No**

Insurance Information: Please mark one box! Policy name or number not needed!	☐ No Insurance ☐ Medicaid ☐ Third Party Insurance
Services Requested: **TDAP**	**I have requested vaccination services** from the Florida Department of Health in Putnam County as indicated above. I have received and understand information provided in the Vaccine Information Statements.

Signature if over 18: _____ Date: _____

OR if under 18

Name of Legal Representative: _____

Relationship to Client: _____

Signature of Legal Representative _____

OFFICE USE ONLY

Route/Site	Lot #, Exp Date	Vaccine Name
IM ☒ Deltoid ☐ Thigh ☐ Left ☐ Right ☐		TDAP

Date Administered: _____ Vaccinator Signature: _____

Print Vaccinator Name: _____

For information, please contact The Putnam County Health Department at 2801 Kennedy Street, Palatka, FL 32177
Phone (386) 326-3200 - Fax (386) 326-3350