Has your child had Immunizations in any other Country besides the United States Yes No if yes, please list all Countries_____

IMPORTANT: If your preferred phone (listed below) has a Voicemail, please make sure the Voicemail is set up to allow Voicemails.

client label

Immunization Client Registration Form

Please Print

Date (Fecha)_____Arrival Time (Hora)_____Client Sign In Number_____

Last Name (Apellido)_____First Name (Nombre)_____Middle Initial (Initial)_____

Date of birth (Fecha de Nacimiento)-Month_____Dav_____Year_____Social Security (Seguro Social) _____-_____-_____

Name of Primary Care Provider (nombre del proveedor de atención primaria)_____

Immunization Program grant funding requires clients to report race and ethnicity of clients receiving services.

Sex/Gender assigned at birth	Race-Mark 1 or more	Ethnicity-Mark 1
☐ Female	☐American Indian or Alaska Native	☐Hispanic or Latino
☐Male	☐ Asian	☐Not Hispanic or Latino
	☐Black or African American	
	☐Native Hawaiian or other Pacific Islander	
	☐White	

Address (Direccion)_____Apartrnent Number (Numero de Apartmento) _____

City (Ciudad)_____State (Estado)_____Zip Code (Codigo Postal)_____Preferred Phone (Telephono)_____

Email Address_____Best time to call_____

For Immunization Services for Children

Adults Name Accompanying Child: _____Relationship to Child: _____

Grade & School Child Current/Will Be Entering School Yr.: _____

Vaccine for Children or other Immunization EU81bIUtv for Services

Are you covered by insurance? ☐Yes ☐No If Yes, please have Insurance card available.

☐ Medicaid Account Number_____

☐Medicare Account Number_____

☐Other_____Account Number_____Does this insurance cover shots ☐Yes No☐

For office use only

Assessment Fee Collected_____

Entered into Florida Shots☐ Forms Only☐ Allergies_____ LMP_____

Only complete the section below if FL Shots were entered by someone other than the RN that administered the vaccine.

Vaccine	Date Given	Brand Name	Mfr/Lot#	Route/Site	Signature/Title

Form date 10-09-2019

Has your child had Immunizations in any other Country besides the United States Yes No if yes, please list all Countries_____

IMPORTANT: If your preferred phone (listed below) has a Voicemail, please make sure the Voicemail is set up to allow Voicemails.
