46635

Vaccination Form

County of Los Angeles Public Health

Please print neatly in capital letters as shown in the example:

E X A M P L E 1 2 3

Please shade circles completely

Correct: ● *Incorrect:* ⊗ ✓

Personal Information: Provide information as completely as you can. All information will be kept confidential.

First Name **Last Name** **MI**

Street Number **Street Name** **Apt. Number**

City **Zipcode** **County** ○ LA ○ Other **State** ○ CA ○ Other

Phone - -

Date of Birth M M / D D / Y Y Y Y

Age (years) If < 1 Year, age in months

Gender: ○ Male ○ Female

Race/Ethnicity: ○ Asian ○ Native Hawaiian/Pacific Islander ○ Hispanic/Latino ○ Other ○ Black, African American ○ American Indian/Alaskan Native ○ White

Do you have any of the following medical conditions? ○ YES ○ NO
Heart, lung, kidney, liver or neurological disease; cancer; asthma; diabetes; blood disorder; immune system disorder

Do you take care of or live in a household with a child less than 6 months of age? ○ YES ○ NO

Are you pregnant, or do you think you may be pregnant? ○ YES ○ NO

If minor, name of parent or legal guardian

I consent to the vaccination provided.

Signature

STOP - DO NOT WRITE BELOW THIS LINE

	Seasonal LAIV	Seasonal TIV	Pan H1N1 Live	Pan H1N1 Inactivated	Screener
Contraindications?	○ YES ○ NO	○ YES ○ NO	○ YES ○ NO	○ YES ○ NO	
Vaccine To Be Administered	Dose #: ○ 1 ○ 2	Dose #: ○ 1 ○ 2	Dose #: ○ 1 ○ 2	Dose #: ○ 1 ○ 2	

		Dosage	Site		
Seasonal VIS 08/11/09	Live ○ Inactivated ○	○ 0.25 mL ○ 0.50 mL ○ 0.2 mL	○ RD ○ RT ○ LD ○ LT ○ Intranasal	**Manufacturer** ○ SP ○ Nov ○ GSK ○ CSL ○ MI **Lot Number**	**Admin. by**
Pan H1N1 VIS 10/02/09	Live ○ Inactivated ○	○ 0.25 mL ○ 0.50 mL ○ 0.2 mL	○ RD ○ RT ○ LD ○ LT ○ Intranasal	**Manufacturer** ○ SP ○ Nov ○ GSK ○ CSL ○ MI **Lot Number**	**Admin. by**

Date Administered M M / D D / Y Y Y Y

VFC PIN

Street Number of Site