Public Health

I, _____ give permission for my child,
Parent/Guardian name

_____ _____, to receive
Child's name Birth Date

immunizations required for school attendance from the Wayne County Health Department. This includes age-appropriate, required vaccines: (Diphtheria, Tetanus, Pertussis (DTaP, Tdap, Td), Measles, Mumps, Rubella (MMR), HIB, Pneumococcal, Hepatitis B, Polio, Varicella (chickenpox), Meningitis ACWY;

PEASE READ NEXT SECTION CAREFULLY

Recommended vaccines will also be administered which include Human Papillomavirus Vaccine (HPV), Hepatitis A, Influenza (Flu) and Covid, when eligible).

The health dept will administer ALL REQUIRED and RECOMMENDED vaccines unless indicated below. Vaccine information sheets will be available at the event or online at Vaccine Information Statements (VIS) | Vaccines & Immunizations | CDC

If there are vaccines I choose **NOT** to have administered, I will indicate here:

_____

_____

Health history questions (Must be answered):
Is your child: Check YES or NO

	YES	NO
Currently sick, have fever or illness?		
Currently under medical treatment?		
Received medicine or shots in past month?		
Any allergies? (Egg, neomycin, streptomycin, yeast products, mercurial products, gelatin, thimerisol, alum, and 2-phenoxyethol?		
Received blood, plasma or any immune globulin in the past 6 months?		
Suffered from SEVERE reaction to previously administered vaccines?		
Convulsions or neurological disease?		
Diagnosed or being treated for cancer, leukemia, lymphoma, organ transplant, immune deficiency, being treated with steroids (cortisone-like) or radiation?		
History of Gastrointestinal disease or intussusceptions?		
Vaccine Information sheets have been provided and understood?	X	

If I have any questions regarding the vaccines, I understand I may contact the Wayne County Dept of Public Health nurse at 734-727-7150 or 734-727-7068 to address my questions.

_____ _____
Parent/Guardian Signature Date

WAYNE COUNTY DEPARTMENT OF PUBLIC HEALTH
33030 VAN BORN RD · WAYNE, MICHIGAN 48184 · 734-727-7100

Wayne County Department of Public Health
Immunization – Demographic Sheet

Please PRINT clearly

Client Name (First-Last):_____

Street Address: _____

City:_____ **State:**___Michigan____ **Zip:**_____

Phone Number (preferred):_____ cell home other

Birth date: _____

Gender (Choose One): ☐ Male ☐ Female

Child has Medicaid insurance: ☐ Yes ☐ No

Medicaid # (If applicable):_____

I certify that the above information is true and accurate to the best of my knowledge and understanding. I understand my child is eligible for vaccines through the health department if he/she has Medicaid, is un-insured, under-insured, or American Indian/Alaskan Native. Clients will not be denied services due to inability to pay or lack of health insurance.

Print Parent/Guardian Name:_____

Parent/Guardian/Client: _____ **Date:** _____

****Attention Parent/Guardian****
Please scan the QR Code to read the Michigan Care Improvement Registry (MCIR) Immunization Notice. Be advised no signature is needed for this document, it is for your information.

QR Code Links to All Vaccine Information Statements (VISs)

Introduction

VISs produced by CDC explain both the benefits and risks of a vaccine to the recipient. Federal law requires that healthcare staff provide the current VIS (in English) to a patient, parent, or legal representative before each dose of certain vaccines. This resource includes QR codes for all published federal VISs and the Immunization Information Statement (IIS) for RSV preventive antibody.

VIS Translations

To access available translations of VISs on the Immunize.org website, scan this QR code to go to www.immunize.org/translations and select the language of interest.

VIS Translations

Scan the QR code for the current VIS (PDF format):

COVID-19 Vaccine [mRNA]

DTaP (Diphtheria, Tetanus, Pertussis) Vaccine [ped]

Hepatitis A Vaccine

Hepatitis B Vaccine

Haemophilus influenzae type b (Hib) Vaccine

HPV (Human Papillomavirus) Vaccine

Influenza (Flu) Vaccine (Inactivated or Recombinant)

Influenza (Flu) Vaccine (Live, Intranasal)

CONTINUED ON THE NEXT PAGE ▶

Meningococcal ACWY Vaccine

Meningococcal B Vaccine

MMR Vaccine (Measles, Mumps, and Rubella)

MMRV Vaccine (Measles, Mumps, Rubella, and Varicella)

Smallpox/Monkeypox Vaccine (JYNNEOS) [mpox]

Multi Pediatric Vaccines [DTaP, Hib, Hepatitis B, PCV, Polio]

Pneumococcal Conjugate Vaccine [PCV]

Pneumococcal Polysaccharide (PPSV23) Vaccine

Polio Vaccine

Rotavirus Vaccine

RSV (Respiratory Syncytial Virus) Vaccine [adult]

Respiratory Syncytial Virus (RSV) Preventive Antibody [infant/child]

Td (Tetanus, Diphtheria) Vaccine

Tdap (Tetanus, Diphtheria, Pertussis) Vaccine [adol/adult]

Varicella (Chickenpox) Vaccine

Recombinant Zoster (Shingles) Vaccine

CONTINUED ON THE NEXT PAGE ▶