Page County Public Health
Screening Questionnaire for Child and Teen Immunization

Child's Full Name:_____**Birth Date:**_____

Current Address:_____**City:**_____**Zip:**_____

Phone : _____ **Child's Doctor:**_____**County:**_____

Emergency Contact: _____ **Phone:** _____ **Email:**_____

This child qualifies for vaccination through the VFC program because he/she (circle only one)*:
***Insurance Deductible and Hawk-I does not qualify patient for VFC vaccines**

(a) is enrolled in Medicaid (Medicaid #:_____) (b) does not have health insurance
(c) is American Indian or Alaskan Native (d) has insurance that DOES NOT pay for vaccines

For parents/guardians: The following questions will help us determine which vaccines your child may be given today. If you answer "yes" to any question, it does not necessarily mean your child should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

		Yes	No
1.	Has child had a fever or other symptoms of illness in past 48 hours?		
2.	Does the child have allergies to medications, food or any vaccine?_____		
3.	Has the child had a serious reaction to a vaccine in the past?_____		
4.	Has the child had a seizure, brain, or nerve problem?		
5.	Does the child have cancer, leukemia, AIDS, or any other immune system problem?		
6.	Has the child taken cortisone, prednisone, other steroids, or anticancer drugs, or had x-ray treatments in the past 3 months?		
7.	Does the child have contact with any person who has a decreased immune system or is on Cortisone treatment for more than 2 weeks?		
8.	Has the child received a transfusion of blood or blood products, or been given a medicine called immune (gamma) globulin in the past year?		
9.	Has child had chickenpox?		
10.	Is the child/teen pregnant or is there a chance she could become pregnant during the next month?		
11.	Has the child received vaccinations in the past 4 weeks?		
12.	Does child have a dentist? Name of Dentist_____ County_____		
13.	Does child have regular dental visits?: 2 or more times/yr Annual Occasional Never		
13.	Has child had shots at Page County Public Health before?		
14.	Do you follow up with the child's physician? Date of last visit _____		

Why my child doesn't go to the doctor? (Circle all that apply) No child care for siblings Hours of appt Didn't know I should go Cost Unpaid bill at office Language Transportation Afraid of doctor Location of physician Didn't know I needed a well visit

Why my child doesn't go to the dentist? (Circle all that apply) Child care for siblings Hours of appt No dental home Language Cost Transportation Dentist declines Insurance Location of dentist Afraid of dentist Didn't know I needed dental care Unpaid bill at office

Ethnicity: (Circle one): Hispanic/Non Hispanic Country of Origin: _____ Primary Language_____

_____ **Date:**_____
Parent/Guardian Signature
Form Reviewed by: _____ **Date:** _____