PASSPORT HEALTH®

Student Immunization Consent Form

School:_____ **Grade**:_____**Teacher**:_____

Student Name (First)_____**(MI)**_____**(Last)**_____

Parent/Guardian Name:_____**Phone Number: (_____)**_____

Student Date of Birth: Month Day Year _____**Age:**_____**Sex: O Male O Female**

Mailing Address:_____
(Street) (City) (State) (Zip)

Insurance Information ***PLEASE ATTACH A COPY OF INSURANCE CARD IF APPLICABLE OR MARK APPROPIATE BOX***

O STUDENT HAS PRIVATE HEALTH INSURANCE (ex: BCBS, Global Health, United, etc.)

1. **Primary Insurance:**_____**ID#:**_____**Group #:**_____
   (ex: BCBS, United, HealthChoice,) **(Some ID Cards do not have a Group #)**
2. **Secondary Insurance:**_____**ID#:**_____**Group #:**_____

Is the student the primary insured? O Yes O No

If NO, please list the Name and Date of Birth of the primary insured: (in most cases this is the parent)

Name:_____**Date of Birth:**_____

O STUDENT HAS SOONERCARE/MEDICAID O STUDENT IS UNINSURED O STUDENT IS AMERICAN INDIAN OR ALASKA NATIVE

3. **PATIENTS SOONERCER OR MEDICAID ID #:**_____

Medical Questions – You Must Answer Every Question

Please write which vaccines you consent for the student to receive and answer the corresponding questions

- Tdap – Required for all students going into 7th grade.
- HPV – Optional
- Meningitis – Strongly recommend for all students 11 years old and up

I would like for my student/child to receive the following vaccines: _____,
_____, _____, _____, _____.

For all immunizations answer all of the questions in this section:	**YES**	**NO**
1. Is your student sick today or have a high fever?	O	O
2. Does your student have allergies to eggs, medications, food, a vaccine component, or latex?	O	O
3. Has your student ever had a serious reaction after receiving a vaccination?	O	O
4. Has your student had a seizure or a brain or other nervous system problem including Guillain-Barré Syndrome?	O	O
5. **For Young Women:** Is there a possibility that the child is pregnant?	O	O
6. Does your student have cancer, leukemia, HIV/AIDS, or a history of autoimmune disease including MS, lupus, rheumatoid arthritis, Chron's disease, or IBD?	O	O
7. In the past 3 months, has your student received chemotherapy or radiation treatments?	O	O
8. In the past 4 weeks, has your student received a cortisone, kenalog, or other steroid injection, or taken prednisone or any other steroid by mouth?	O	O

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	YES	NO
9. During the past year, has your student received a transfusion of blood, blood products, or been given immune (gamma) globulin or an antiviral drug?	○	○
10. Has your student received any vaccinations in the last 4 weeks? **If YES, Please list:**	○	○

Signature and Consent

I consent and authorize my child to receive immunization(s) that I have initialed from Passport Health Oklahoma without my physical presence and based on my selection above. I understand that Passport Health Oklahoma maintains the right to decline any immunization to my child if he/she is unruly and presents a risk for unintentional needle-stick to staff or student. I have had a chance to read and ask questions regarding the immunization(s) offered and any questions have been answered related to benefits/risks of the vaccines offered. I authorize the child's immunization record to be released for public health and state law purposes to include OK State Health Department, school & district, and pediatrician.

- I ***DO*** give consent for my child to receive vaccine(s) by Passport Health. **Initials:**_____
- I ***DO NOT*** give consent for my child to receive vaccine(s) by Passport Health. **Initials:**_____

Parent/Guardian Signature:_____ **Date:**_____

Participation is Optional. Only students with a completed consent form will receive vaccine(s).

Getting the vaccines helps everyone stay healthy.

- Tdap is required by law for your child to enter 7th grade.
- Meningitis is required by most colleges before admission to dorms.
- When more kids and adults are vaccinated against diseases, it helps *everyone* stay healthier.

It's safe, easy, and convenient.

- Vaccines will be given at school, during school hours, by trained nurses from Passport Health Oklahoma.
- The vaccines are the same as what your student would get from your usual doctor or clinic.
- When more kids and adults are vaccinated against diseases, it helps *everyone* stay healthier.

Tdap, Meningitis, and other vaccines. Students with certain medical conditions may not be able to get some vaccines. Please make sure to answer all of the questions on the back side of this form.

There are no upfront charges/fees. All vaccines will be billed to your child's insurance or obtained through the VFC Program. There are no copays due for this service, and most insurance companies pay 100% for vaccines. Children eligible for the VFC Program include any child enrolled in SoonerCare/Medicaid, or are Native American, Native Alaskan, or uninsured.

How will my child's shot record be updated?
All immunizations are entered into the Oklahoma State Immunization Information System (OSIIS), a shared registry with doctor offices and County Health Departments.

Questions about this form or any of the vaccine,
Please call Passport Health OK at **OKC** 405-563-8961, **Tulsa** 918-770-4290

For Official Use

Vaccine:_____ **Site:**_____ **Lot#:**_____ **Exp.:**_____ **VIS Rev Date**:_____
Vaccine:_____ **Site:**_____ **Lot#:**_____ **Exp.:**_____ **VIS Rev Date**:_____
Vaccine:_____ **Site:**_____ **Lot#:**_____ **Exp.:**_____ **VIS Rev Date**:_____
Vaccine:_____ **Site:**_____ **Lot#:**_____ **Exp.:**_____ **VIS Rev Date**:_____

☐ **VFC** ☐ **Private** **Nurses Initials:**_____ **Date:**_____