LAWRENCE-DOUGLAS COUNTY Health Department

Vaccine/T.B. Skin Test Consent Form

Name: _____Time:_____

I have been offered a copy of the Vaccine Information Statement(s) (VIS) checked below. I have read, had explained to me, and understand the information provided in the VIS(s). I ask that the vaccine(s) checked below be given to me or to the person named below for whom I am authorized to make this request. I consent to share this immunization data with schools and include in the Kansas Immunization Registry for myself or on behalf of the person named below.

☐DTaP ☐Hep A ☐ Hep B ☐ Hib ☐Polio/IPV ☐Pneumococcal ☐Tdap ☐Td ☐MMR
☐Varicella ☐Rotavirus ☐HPV ☐Meningococcal ☐Typhoid ☐Yellow Fever ☐Flu ☐Other

Signature of Client or Parent/Guardian_____ ____ Date_____

TRAVEL VACCINES: Please list countries you are visiting: _____

Departure Date: _____

Immunization Screening Questionnaire		
1. Is the person to be vaccinated currently sick or experiencing a high fever?	__Yes	__No
2. Has the person to be vaccinated had a serious reaction to a vaccine in the past?	__Yes	__No
3. Does the person to be vaccinated have any allergies that produce a severe (anaphylactic) reaction?	__Yes	__No
4. Has the person to be vaccinated had a seizure or other neurological problem?	__Yes	__No
If the person to be vaccinated needs flu vaccine ONLY, stop here		
5. Does the person to be vaccinated have any medical problems that make it hard for him/her to fight infection?	__Yes	__No
6. Does the person to be vaccinated have close, regular contact with someone with a weakened immune system?	__Yes	__No
7. Is the person currently taking any medications?	__Yes	__No
8. Is the person taking cortisone, prednisone, other steroids, or anti-cancer drugs, or had x-ray treatments?	__Yes	__No
9. Has the person to be vaccinated received blood, plasma, or immune globulin in the past twelve months?	__Yes	__No
10. Is the person to be vaccinated pregnant or thinking of becoming pregnant within the next three months?	__Yes	__No
11. Does the person to be vaccinated smoke or live with someone who smokes?	__Yes	__No
T.B. Skin Test Questionnaire Answer the following questions which apply to the person receiving the T.B. Skin Test		
1. Reason for T.B. Skin test?		
2. Have you ever had a **positive** T.B. skin test?	__Yes	__No
3. Have you ever had or been suspected of having tuberculosis?	__Yes	__No
4. Have you had recent close contact with someone who has tuberculosis?	__Yes	__No
5. Have you received measles, mumps, rubella, or varicella vaccines within in the past month?	__Yes	__No
6. Have you had a severe allergic reaction to phenol?	__Yes	__No
7. Do you have any chronic diseases (such as leukemia, Hodgkin's Disease, diabetes, HIV, alcoholism, Or kidney disease)?	__Yes	__No
8. Have you had sexual contact or shared needles with anyone who is at risk for or has HIV/AIDS?	__Yes	__No
9. Have you taken corticosteroids or immunosuppressive therapy within the past six weeks?	__Yes	__No
10. Have you had a viral infection in the past six weeks? (chicken pox, mumps, measles, influenza)	__Yes	__No
11. Were you born in another country or have you received BCG vaccine?	__Yes	__No
12. Have you lived in another country in the last 5 years?	__Yes	__No
I understand I need to return in 48 to 72 hours to have my T.B. skin test read.		

Clinic Office Use Only:							
____T19-MED	____No insurance	____Native Am/Alaska Native	____Underinsured	____Underserved	____T21-SCHIP	____ Insured	_____Time Given

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Vaccine Payment

You have requested vaccines that require payment at time of service. Here is a list of vaccines and their current prices (**prices are subject to change**).

If you are here for Travel Vaccinations, the nurse will review the cost of any required and/or recommended vaccines based on your destination. **Clients ≥ 60 years of age who receive yellow fever vaccine need a doctor's order prior to vaccination**.

Travel Office Visit Fee $14

Meningitis	$153
Yellow Fever	$165
Hepatitis A for ages 12 mo-19 yr	$50
Hepatitis A for 19 and older	$76
Hepatitis B for up to age 20	$37
Hepatitis B for 20 and older	$81
HPV (Gardasil)	$212
Typhoid injection	$85
Polio	$51
MMR	$88
Varicella	$133
Twinrix (Hepatitis A & B combined) for 19 and older	$95
Tdap for ages 11 and older	$61
Td (when Tdap not recommended)	$46

Due to the fact that insurance companies (including BC/BS) typically do not cover the cost of vaccines for travel we expect payment in full today. We will be happy to file a claim for you and reimburse you any money that is paid to us or you may file the claim directly.

Payment

We accept cash, check, debit or credit cards (MasterCard or Visa) as payment.
I am prepared to pay today. (Check method of payment)

Cash____ Check____ Debit Card____ Credit Card____

Signature_____ Date_____

Name (print) _____