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## CoxHealth Regional Services

Name: Age: AMB:0000

DOB: \_\_\_/\_\_/\_\_\_

## C.A.R.E. MOBILE IMMUNIZATION CONSENT FORM

(For Internal Use or Patient Sticker Here)

'hild's Legal Name: Birth Date:/						
ddress: City:			State Zip:			
FINANCIAL OBLIGATION*						
The mission of the C.A.R.E. Mobile program is to provide access to health care for children in the Ozarks was is sician or whose parents cannot afford to pay for necessary services. However, no child will be turned awa	who have n ay.	o insurance	e, do not have a prim	ary care		
O INSURANCE (SELF PAY):						
RIMARY INS: POLICY HOLDER NAME:						
olicy Holder's Employer:						
roup #: Policy/ID #: PARENT OR GUARDIAN and EMERGENCY CONTACT	INFORM A	ATION	Policy Holder DOI	B://		
	IIII ORIVII	111011				
	Guardian  Date of Birth:/ Phone Number:					
VACCINE INFORMATION						
Please initial the vaccinations that you would like your child to receive and that are real	auired by	v the Star	te of Missouri:			
DTAPHepatitis BTdapPolioVaricellaMMR						
			es/hep/vis/index.h	<u>ıtml</u> .		
SCREENING CHECKLIST FOR CONTRAINDICATIONS or parents/guardians - (Only complete this section if your child is being vaccinated by the C.A.R.E. Mo hild should not be vaccinated. It just means additional questions must be asked. If a question is not clear, p  1. Does the child have allergies to medications, food, a vaccine component, or latex? 2. Has the child had a serious reaction to a vaccine in the past?	S TO VAC	CINES	does not necessarily neare provider to expla			
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## CoxHealth Regional Services C.A.R.E. MOBILE REGISTRATION

Name:	
Age:	DOB://
AMB:00	
	(For Internal Use or Patient Sticker Here)

VACCINE RECORD (FOR C.A.R.E. MOBILE USE ONLY)							
Vaccine for Children's Program: Insurance:							
Vaccine	Brand	Lot #	EXP	Site	Rout	Nurse Administering	NDC#

Vaccine	Brand Name/MFGS	Lot#	EXP	Site	Rout e	Nurse Administering Vaccine Signature & Credentials	NDC#
Tdap (11-18yo)	Boostrix/GSK				IM		58160-842-52
Dtap/IPV (4-6 yo)	Kinrix/GSK				IM		58160-812-52
Pediarix (DTAP/Pol/HepB)	Pediarix/GSK				IM		58160-811-52
Dtap	Infanrix/ GSK				IM		58160-810-52
MCV4	Menveo/GSK				IM		58160-955-09
HPV	Gardasil/Merck				IM		0006-4121-02
MMR	MMR/Merck				SQ		0006-4681-00
Varicella	Varivax/Merck				SQ		0006-4827-00
MMRV	ProQuad/Merck				SQ		0006-4171-00
IPV	Polio/SP				IM		49281-860-10
Нер А	Havrix/GSK Vaqta/Merck				IM		58160-825-52
PCV 13	Prevnar 13/Pfizer				IM		0005-1971-02
Нер В	Engerix/GSK				IM		58160-820-52
HIB	Pedvax/Merck				IM		0006-4897-00
Nurse Administe	ering Vaccine (Pleas	e Print Name):	:		1	1	
School Site:						Date Given:	