

**CHATTANOOGA-HAMILTON COUNTY
HEALTH DEPARTMENT**

Encounter Label Here

**PARENTAL IMMUNIZATION/TB SKIN TEST
CONSENT FORM** (For minors age 16 thru 17 years of age)

The following information must be completed and a parent must sign this form before your child can receive immunization services or a TB skin test. Please contact the clinic if you need any assistance with this process.

Birchwood Clinic	(423) 961-0446	Ooltewah Clinic	(423) 238-4269
Family Health Clinic	(423) 209-8050	Sequoyah Clinic	(423) 842-3031
Immunization/International Travel Clinic	(423) 209-8340		

Is your child allergic to any food, medicine, or latex? ___ no ___ yes (please list): _____

Does your child have any medical conditions? _____

Has your child received any antivirals, TB skin tests, or other vaccines in the past 4 weeks? ___no___yes
If yes, please list: _____

<p>Please complete this section if your child is receiving vaccine(s):</p> <ul style="list-style-type: none"> • Did your child have any reaction to previous immunizations? _____ yes _____ no If yes, what was the immunization? _____ • What kind of reaction did she/he have (check all that apply): <table border="0"> <tr> <td><input type="checkbox"/> convulsion or seizures</td> <td><input type="checkbox"/> rash/itching</td> <td><input type="checkbox"/> breathing problems</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> other (please describe) _____</td> </tr> </table> • If you would like for us to bill TennCare, your child must bring his/her TennCare card with him/her at the time of service. • Does your child have private insurance that covers vaccines? ___no___yes (This question is to determine if your child qualifies for federally funded vaccine.) • If uninsured, you <u>may</u> also qualify for a reduced charge for vaccine administration – In order to determine this please provide: Gross monthly income _____ Number in household _____ 	<input type="checkbox"/> convulsion or seizures	<input type="checkbox"/> rash/itching	<input type="checkbox"/> breathing problems	<input type="checkbox"/> other (please describe) _____		
<input type="checkbox"/> convulsion or seizures	<input type="checkbox"/> rash/itching	<input type="checkbox"/> breathing problems				
<input type="checkbox"/> other (please describe) _____						

CONSENT: I give the Chattanooga-Hamilton County Health Department permission to give my child _____ a TB skin test or any immunization due now and during the next twelve months.
(Child's Name and Date of Birth)

Parent/Guardian Signature Date

Telephone number where parent/guardian can be reached for additional medical information or in the case of an emergency:		
Home:	Work:	Cell:
Other emergency contact if parent cannot be reached:		
Name:	Phone:	