

School Located Vaccine Program

Reno County Health Department will be at your child's school to administer required and recommended vaccines. Please mark which vaccines you would like your child to receive.

Students Name: _____

Required Vaccines for 7th grade:

Tdap: _____

Varicella: _____

Recommended:

Menactra: _____

Gardasil: _____

Hepatitis A: _____

Influenza: _____

You may visit www.immunize.org/vis for information about each vaccine.

Please complete **client information box** at the top of the form with child's information and insurance information. A copy of the insurance card can be attached.

Complete **Immunization Screening Questionnaire** section.

Sign and date at bottom of form.

Please send a copy of child's immunization record.

Questions? Please call Kim Hawkinson, RN 620-694-2900