

Wheeling-Ohio County Health Department

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Wheeling-Ohio County
Health Department



Public Health
Prevent. Promote. Protect.

Adult Vaccination Clinic

Today' Date _____

Name _____

Date of Birth _____

Address _____

Gender M / F

Height _____ Weight _____

Phone: Best # to reach you _____

Alternative # _____

Primary Care Provider _____

Phone _____

- *Please bring photo ID to your appointment.*
- *If you have a prescription for the requested vaccination, please bring it with you to the appointment.*

Medical Information

In order to provide your immunizations as safely as possible we need to know the following about you health status:

	Yes	No	Don't Know
Have you ever had a positive TB test?			
Allergic to any food or medications? Explain:			
Allergic to latex?			
Have you ever had any bad reactions or side effects from any vaccination?			
Are you pregnant or nursing?			
Are you currently under the care of a physician for any medical condition?			

List all medications you are currently taking, either prescription or over the counter:

Immunization Information

Please indicate the date of vaccinations and/or the date of illness for the following (*please bring your most current immunization record to your appointment*):

Immunization	Had Vaccine (Y/N)	Date	Had Disease (Y/N)	Date
Hepatitis A				
Hepatitis B				
Hepatitis A&B (combination vaccine)				
HPV (Human Papillomavirus)				
Meningococcal				
Polio				
Tetanus/Diphtheria (Td)				
Tetanus/Diphtheria/Pertussis (Tdap) *				
Measles Mumps Rubella (MMR)				
Influenza *				
Pneumococcal (PPSV) *				
Rabies				
Shingles				
Varicella				
TB Skin Test (Mantoux)				
Other				

Have you had any immunizations in the last 4 weeks? _____

All vaccines are provided by GlaxoSmithKline (GSK), Merck, Sanofi Pasteur, Novartis or VaxCare (a sanofi pasteur company). Prices are at cost of the vaccine. Prices can change and are adjusted upon ordering. TBA listings require ordering to determine cost of the vaccine. *The West Virginia Immunization Program provides adult Flu, Pneumococcal and Tdap vaccine to local health departments. Vaccine can be given a no cost depending on need and qualification.

Vaccine Being Requested

Vaccine	Check if requesting	Vaccine	Check if requesting
Hepatitis A		Measles/Mumps/Rubella	
Hepatitis B		Influenza	
Hepatitis A&B		Pneumococcal	
Human Papillomavirus		Rabies	
Meningococcal		Shingles	
Polio		Varicella	
Tetanus/Diphtheria		TB Skin Test	
Tetanus/Diphtheria/Pertussis		Other:	

***FOR HEALTH DEPARTMENT USE**

Appointment Schedule _____ Date client notified _____

Financial

Type of Vaccine/Med.	Vaccine Ordered	Vaccine Received	Cost (per vaccine)	Paid (Y/N)
Hepatitis A				
Hepatitis B				
Hepatitis A&B (combination vaccine)				
HPV (Human Papillomavirus)				
Meningococcal				
Polio				
Tetanus/Diphtheria (Td)				
Tetanus/Diphtheria/Pertussis (Tdap)				
Measles Mumps Rubella (MMR)				
Influenza				
Pneumococcal (PPSV)				
Rabies				
Shingles				
Varicella				
TB Skin Test (Mantoux)				
Other:				
Admin Fee				
Total				