



# VIIR

## STUDENT'S IMMUNIZATION DATA FORM

Name of Facility: \_\_\_\_\_

Reporting Period: \_\_\_\_\_

Please **PRINT CLEARLY**, fill out **ALL** of the **REQUIRED DATA** and attach a **COPY** of the student's immunization card. (If single birth use "1", if multiple birth (twin triplet, etc) use "1" for first born, "2" for second born, etc)

Birth Status: \_\_\_ of \_\_\_

Child's First Name: \_\_\_\_\_ Middle Init: \_\_\_ Child's Last Name: \_\_\_\_\_

Gender: ( ) Male ( ) Female

Home Telephone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Race: ( ) White ( ) Black ( ) Other (please specify): \_\_\_\_\_

Ethnicity: ( ) Hispanic ( ) Non-Hispanic

Mother's First Name: \_\_\_\_\_ Mother's **Maiden** Last Name: \_\_\_\_\_

Work Telephone Number: \_\_\_\_\_

Father's First Name: \_\_\_\_\_ Father's Last Name: \_\_\_\_\_

Work Telephone Number: \_\_\_\_\_

I agree and understand that my child's immunization information will be entered in the VIIR and may be shared with schools, daycares, health care providers, and any other health care professionals as necessary to verify immunization status and public health studies.

\_\_\_\_\_  
Parent/Guardian (Please Print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date