Mission:
To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

Ron DeSantis
Governor

Monroe County
Vision: To Be The Healthiest State In The Nation

IMMUNIZATION REGISTRATON

NON Fami: _____ **Non:** _____
Last Name (Please Print) **First Name (Please Print)**

Dat ou Fet (Date Of Birth): _____ **RAS (Race):** _____ **GAN (Sex):** _____

SS# _____-_____-_____ **Adres kote ou rete (Address):** _____

Lot/Apt#: _____ **Vil (City):**_____ **Kod Postal (Zip Code):** _____

Phone: _____

Non Parent/Guardian Name: _____

INFORMAYSON SOU ASIRANS SANTE OU – if insurance card not available to copy and information is known

NON ASIRANS LA: _____

Non Met Asirans la (Name of Policy Holder): _____
(Please Print)
Ki bo met asirans la ap travay (Policy Holder's Employer): _____

No Polisy a (Policy Number): _____ **No group la (Group Number):** _____

I have been given a copy of and read or have had explained to me the information contained in the Vaccine Information Statement about Influenza Disease and the Influenza vaccine. I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of the vaccine and request that the vaccine indicated below be given to me or to the person named above for whom I am authorized to make this request."

Date Influenza VIS given: _____ **eske ou ansent ou petet ka ansent? wi non**
Allergies:_____

Patient/Parent/Guardian signature:_____

Vaccine & VIS Update	Date Given	Brand Name	Mfg./Lot#	Route/Site	Signature/Title Of Provider
				IM/SQ RD LD	
				IM/SQ RD LD	
				IM/SQ RD LD	
				IM/SQ RD LD	

Date	_____	_____	_____
FL Shots	_____	_____	_____
HMS	_____	_____	_____
Billing	_____	_____	_____
Paid	_____	_____	_____

KONSANTMAN JENERAL POU SWEN AVÉK TRETMAN

Pati I: Konsantman pou Swen avék Tretman

Mwen, _____ (ansékle deziyasyon ki aplikab la: Kilyan/Reprezantan an), Avék prezant sa a otorize _____ etaf Depatman Sante Konté an avék reprezantam li yo pou founi mwen menm avék pitit mwen swen, _____ (antre “P/D” oswa “pa aplikap” si pa genyen okenn timoun).

Mwen konprann woutin swen medical yo konfidansyél ak volonté epi li ka genyen ladann visit nan ofis ki enkli pou uo pran iswa mwen, egzamen, administer medikaman, tés laboratwa an/pwosedi mine. Mwen konprann mwen ka estope tretman an nenpót kilé.

_____ _____
Siyati Pasyan an oswa Reprezantan Li Dat la

_____ _____
Temwen Dat la

Pati II: Renonsyasyon Konsantman **pou Swen avék Tretman**

Mwen,_____RENONSE KONSANTMAN SA A, Dat efektif _____.
Siyati Kilyan/Reprezantan

_____ _____
Temwen (Ospyonél) Dat la

Non:_____
ID#_____
Dat Nesans:_____