



CHILDREN AND HOOSIERS IMMUNIZATION REGISTRY PROGRAM (CHIRP)

VACCINE ADMINISTRATION RECORD OF PARENT/GUARDIAN OR RECEIPT SIGNATURE

PATIENT ID

<input type="checkbox"/> DT <input type="checkbox"/> Td <input type="checkbox"/> DTaP <input type="checkbox"/> Tdap <input type="checkbox"/> DTaP-Hib <input type="checkbox"/> DTaP/Hep B/IPV <input type="checkbox"/> Hep B <input type="checkbox"/> Hep B/Hib <input type="checkbox"/> Hib <input type="checkbox"/> MMR <input type="checkbox"/> IPV <input type="checkbox"/> Varicella <input type="checkbox"/> PCV-7 <input type="checkbox"/> MCV4 <input type="checkbox"/> Influenza
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Last Name:	First Name:	Middle Name:	Patient ID:	Patient SSN *:
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Alias Last Name:	Alias First Name:	Date of Birth:	Age:
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Birth State:	Birth Country:	Hoosier Hwise #:	Gender:
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Race: <input type="radio"/> White <input type="radio"/> African American <input type="radio"/> Asian <input type="radio"/> Multi-Racial <input type="radio"/> Nat. Hawaiian, Pac Isl. <input type="radio"/> American Indian <input type="radio"/> Other	Hispanic Origin: <input type="radio"/> Hispanic <input type="radio"/> Non-Hispanic <input type="radio"/> Unknown
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Physician Name:	Mother's Maiden Name:	School:
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Guardian 1 Last Name:	First Name:	Middle Name:	Guardian 1 SSN*:
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Guardian 2 Last Name:	First Name:	Middle Name:	Guardian 2 SSN*:
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Mailing Address for Responsible Adult:
 Mother Father Other (specify) _____

Last Name:	First Name:
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Address:	Home Phone:	Work Phone:
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City:	State:	Zip:	Email Address:
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Language, if other than English (specify):	Other Phone (specify):
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(CLINIC USE ONLY)	Chart Number:
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Funding Source	<input type="radio"/> Medicaid <input type="radio"/> Uninsured <input type="radio"/> Nat. American or Alaskan <input type="radio"/> Underinsured - FQHC or RHC Only <input type="radio"/> Hoosier Hwise Pkg C <input type="radio"/> Not Eligible
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* Social Security Numbers may be used to identify patient and family members and are optional on this form. There are no penalties for failure to provide Social Security Numbers.

 Parent/Guardian Signature

 Printed Name

 Date