# Wisconsin Immunization Registry

# Vaccine Administration Record

The information on this form will be kept to show that you agree to be immunized/have your child immunized. This information will be put into a computer database called WIR. Your doctor, school and health department can see it. You don’t have to provide all of this information. Please ask if you have questions.

Last Name:       First:       Middle:

If child, are you the child's parent?  Yes  No

Date of Birth: month       day       year

Social Security Number:       (used to look up your own record)

Gender:  Male  Female

Ethnicity:  Hispanic  Non-Hispanic

Race:  American Indian or Alaskan Native  Asian  Black or African American

Native Hawaiian or other Pacific Islander  White  Other

Maiden name (last name before marriage) and first name of mother:       ,

If child, responsible person’s Last Name:       First Name:

Address:       P.O. Box:

City:       State:       Zip Code:

Telephone:

Email Address:

Would you like reminders sent to you?  Yes  No

Health insurance?  Yes  No

What kind of insurance?  Badger Care

Medical Assistance

Medicare

Insurance, but vaccines aren’t covered

Insurance and vaccines are covered

Native American/Alaskan Native

I have read, or someone explained to me, information about diseases and the vaccines me/my child will get. I have been able to ask questions and get answers. I understand the benefits and risks of the vaccines. Please immunize me/my child.

Sign your name: Date: