

Dear Parents/Guardians,

Lincoln County Health Department is providing an immunization clinic at Winfield R-IV School district to assist your student to meet state require immunizations for upcoming school year. We **encourage** all parents/guardians to have their student participate in the clinic if they have not received the required **Tdap (1 dose for 8th grade entry)** and or **MCV (must have 1 dose for 8th grade and 2 doses for 12th grade entry)** immunization for their grade level.

It is state mandate law that your student is fully immunized for their grade level to be able attend the first day of school.

If your student has had the required immunizations please **submit a record** of the required immunization(s) to the school nurse **immediately** so their records can be updated.

Please print the attached brochures about upcoming immunization clinic being performed by Lincoln County Health Department from the attachments below if you need your student to participate in the clinic.

Clinic Date: **May 5th** in your students building.

*****To participate in the immunization clinic a completed and signed consent form must be return immediately to your building nurse or principal office a week prior to the clinic date May 5th for your student to participate.***

You may also retrieve the forms from the principal or nurse office, if unable to print off at home. If you have any questions or concerns please reach out to your student school nurse.

High School Nurse Jacylnn @ 636.668.8130 ext. 199/ Fax: 636.668.8671

Middle School Nurse Lori @ 636.668.8001 ext. 405/ Fax: 636.668.6044

LINCOLN COUNTY HEALTH DEPARTMENT
IMMUNIZATION SCREENING & ELIGIBILITY FORM

NAME _____ BIRTHDATE _____ PHONE # () _____

ADDRESS _____ / _____ / _____ / _____ Alternate # () _____
(Street Address) (City) (State) (Zip)

GENDER (Circle) Male Female RACE(Circle) White Black Hispanic Asian/Pacific Islander Alaskan/Native American Other

CHILD'S PARENTS/GUARDIANS _____

PRIMARY CARE DOCTOR _____ OFFICE NAME: _____

- Does the person receiving immunizations have health insurance? YES NO
- Has this person had shots or immunizations in the last 3 months..... YES NO
- Do they have allergies to medications, food (i.e. eggs) or any vaccine? YES NO
 If yes, to what are they allergic and their reaction _____
- Do they have asthma or any breathing or respiratory problem? If yes, what? _____ YES NO
- Do they have diabetes or are they on aspirin therapy? YES NO
- Have they had a **serious** reaction to a vaccination in the past? Explain _____ YES NO
- Has the individual receiving immunizations had a seizure or a brain problem? YES NO
- Does this person have cancer, leukemia, AIDS, or any other immune system problem? YES NO
- If 16 or older, does the person plan to attend college? YES NO
- Is this individual pregnant or is there a possibility of becoming pregnant in the next 3 months? YES NO
- Has the one receiving vaccines today received a transfusion of blood or blood products, or been given a medicine called immune (gamma) globulin in the past year? YES NO
- Consent for vaccination:** I would like for my child to receive: (Please Initial ONE option) YES NO

All Recommended Vaccines (*Does NOT include Covid-19 Vaccines):

Only the vaccines that are required for school attendance:

I understand that if I have any questions regarding which vaccinations my child is eligible for I can contact the Lincoln County Health Department at (636)528-6117. I understand the benefits and risks of the vaccine(s) requested and ask that the vaccine(s) currently due for which I signed above be given to me or to the person named above for whom I am authorized pursuant to Section 431.058, RSMo to make this request. I give my permission to share my immunization information with the registry, my child's school, health records and care providers to provide care or related services.

X _____ / _____ / _____ Age of the person receiving immunization. Age _____
 SIGNATURE of authorizing person relationship to child Date

OFFICE USE ONLY

Billable Non-Billable

Tdap DTaP Hep B 1 2 3 4	Varicella MMR 1 2 3 4	Meningococcal Hep A 1 2 3 4
SITE RD LD	SITE RA LA RD LD	SITE RD LD
Meningococcal B 1 2 3 4	HPV IPV 1 2 3 4	
SITE RD LD	SITE RA LA RD LD	

VFC: No Insurance	
VFC: Underinsured	
VFC: Medicaid	
317: No Insurance	
317: Underinsured	
Purchased: Private Insurance	
Purchased: Self-Pay	

Counseled

Immunization Status Reviewed

X _____ Date _____
 NURSE'S SIGNATURE AND TITLE OF VACCINE ADMINISTRATOR



Dear Parents/Guardian,

The Lincoln County Health Department is excited to announce that we will be partnering with the Winfield R-IV School District on **Thursday, May 5, 2022** for an in-school immunization clinic. Missouri state law requires all students to be immunized against vaccine-preventable diseases. The Tetanus, Diphtheria, and Pertussis Vaccine (Tdap) as well as the Meningococcal Vaccine (MCV4) are required for all incoming 8th graders. A second Meningococcal Vaccine (MCV4) is required for all incoming 12th graders. Recommended immunizations will also be available to eligible students, **this does not include the COVID-19 Vaccine***. Eligible students include those with the following insurance:

- No health insurance
- Health insurance that does not cover vaccines
- State Medicaid and Medicare
- United Healthcare or UMR
- Anthem Blue Cross Blue Shield (excluding Mercy employee plans)
- Well First Health
- Cigna
- Aetna (Excluding Carelink and CVS Health Plans)

For questions related to insurance or eligibility please call the Lincoln County Health Department at (636) 528-6117. In order to receive immunizations at this clinic, students and/or staff will be required to have the following items turned into the school by **Thursday, April 21, 2022**:

- Completed Immunization Screening Form (Attached)
- Signed HIPAA (Attached)
- Copy of insurance card (Front and back, if applicable)
- Copy of Immunization Record (Copy from doctor's office or office may fax)

This information can also be submitted by going to the following secure link:

https://app.formdr.com/practice/Mjc4NQ==/form/OA220V8HdWxe1K3MsW9zzf_zpKplOg-G

If you are unable to make a copy of the insurance card and/or immunization record, you may contact the Lincoln County Health Department to make other arrangements.

If you have any questions related to the in-school immunization clinic offered at the Winfield R-IV School District, please feel free to contact the Lincoln County Health Department.

We look forward to serving you!

LCHD Nursing

Phone: (636) 528-6117 ext. 558

Nurses@LCHDMO.org

Fax: (636) 528-8629

**The COVID-19 vaccine will not be offered at this clinic, due to the requirement of Parent/Guardian presence. If you would like to schedule a COVID-19 vaccine for your child, please call Lincoln County Health Department at (636) 528-6117.*