Look Name			E1					11	Data at Disti	A	C -
Last Name			First Na	me			N	1.1.	Date of Birth	Age	Sex
Address			City/To	wnship		Stat	te		Zip	County	•
Phone (if age under 18, phone of parent/guardian) Parent/Guardian		L uardian Name (only if cli	Name (only if client is under age 18)			Race (for statistical use		only)  White  Native American	Other	Hispa	
Answer a few sho	ert questions so l	uo can m	aha cura that the	Luggeino e	an bo ai	iuon to	dau				
				vaccine co	all be gi	vente	Juuy				
☐ Yes ☐ No	Is the client	sick toda	iy?								
□ Yes □ No	Is the client  → IF YES, list th	_	o latex, medicatio	ons, food, c	or any va	accines	s?				
☐ Yes ☐ No			a history of Guilla	ain-Barre sv	ndrome						
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