

## 12 Month Well Check

### **Forms Included in this packet:**

- 1) MMR Vaccine Information Sheet
- 2) Varicella Vaccine Information Sheet
- 3) Hepatitis A Vaccine Information Sheet
- 4) Immunization Questionnaire
- 5) Lead Risk Assessment Form
- 6) Vaccines For Children Form
- 7) TB Risk Assessment Form

**Please fill these forms out and bring them to the appointment with you.**

### **At each appointment you will be asked for the following:**

Driver's License (or state issued ID card)

Current Insurance Card

Copay (If you cannot pay your copay, please call to reschedule your appointment)

Confirmation of your demographic information and to provide any missing information. (This can be done online via our patient portal)

### **To avoid FEES:**

- 1) Call to reschedule or cancel appointments no less than 24 hours before your scheduled appointment time.
- 2) Bring all forms you need with you and request them during the appointment.
- 3) Call to add an additional child(ren) to an existing appointment and understand that a change in time may be necessary to accommodate your need.

## VACCINE INFORMATION STATEMENT

# MMR Vaccine

## What You Need to Know

(Measles, Mumps and Rubella)

Many Vaccine Information Statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://www.immunize.org/vis)

### 1 Why get vaccinated?

Measles, mumps, and rubella are serious diseases. Before vaccines they were very common, especially among children.

#### Measles

- Measles virus causes rash, cough, runny nose, eye irritation, and fever.
- It can lead to ear infection, pneumonia, seizures (jerking and staring), brain damage, and death.

#### Mumps

- Mumps virus causes fever, headache, muscle pain, loss of appetite, and swollen glands.
- It can lead to deafness, meningitis (infection of the brain and spinal cord covering), painful swelling of the testicles or ovaries, and rarely sterility.

#### Rubella (German Measles)

- Rubella virus causes rash, arthritis (mostly in women), and mild fever.
- If a woman gets rubella while she is pregnant, she could have a miscarriage or her baby could be born with serious birth defects.

These diseases spread from person to person through the air. You can easily catch them by being around someone who is already infected.

Measles, mumps, and rubella (MMR) vaccine can protect children (and adults) from all three of these diseases.

Thanks to successful vaccination programs these diseases are much less common in the U.S. than they used to be. But if we stopped vaccinating they would return.

### 2 Who should get MMR vaccine and when?

Children should get 2 doses of MMR vaccine:

- **First Dose:** 12–15 months of age
- **Second Dose:** 4–6 years of age (may be given earlier, if at least 28 days after the 1st dose)

Some infants younger than 12 months should get a dose of MMR if they are traveling out of the country. (This dose will not count toward their routine series.)

**Some adults** should also get MMR vaccine: Generally, anyone 18 years of age or older who was born after 1956 should get at least one dose of MMR vaccine, unless they can show that they have either been vaccinated or had all three diseases.

MMR vaccine may be given at the same time as other vaccines.

Children between 1 and 12 years of age can get a “combination” vaccine called MMRV, which contains both MMR and varicella (chickenpox) vaccines. There is a separate Vaccine Information Statement for MMRV.

### 3 Some people should not get MMR vaccine or should wait.

- Anyone who has ever had a life-threatening allergic reaction to the antibiotic neomycin, or any other component of MMR vaccine, should not get the vaccine. Tell your doctor if you have any severe allergies.
- Anyone who had a life-threatening allergic reaction to a previous dose of MMR or MMRV vaccine should not get another dose.
- Some people who are sick at the time the shot is scheduled may be advised to wait until they recover before getting MMR vaccine.
- Pregnant women should not get MMR vaccine. Pregnant women who need the vaccine should wait until after giving birth. Women should avoid getting pregnant for 4 weeks after vaccination with MMR vaccine.



U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention

- Tell your doctor if the person getting the vaccine:
  - Has HIV/AIDS, or another disease that affects the immune system
  - Is being treated with drugs that affect the immune system, such as steroids
  - Has any kind of cancer
  - Is being treated for cancer with radiation or drugs
  - Has ever had a low platelet count (a blood disorder)
  - Has gotten another vaccine within the past 4 weeks
  - Has recently had a transfusion or received other blood products

Any of these might be a reason to not get the vaccine, or delay vaccination until later.

## 4 What are the risks from MMR vaccine?

A vaccine, like any medicine, is capable of causing serious problems, such as severe allergic reactions.

The risk of MMR vaccine causing serious harm, or death, is extremely small.

Getting MMR vaccine is much safer than getting measles, mumps or rubella.

Most people who get MMR vaccine do not have any serious problems with it.

### Mild problems

- Fever (up to 1 person out of 6)
- Mild rash (about 1 person out of 20)
- Swelling of glands in the cheeks or neck (about 1 person out of 75)

If these problems occur, it is usually within 6-14 days after the shot. They occur less often after the second dose.

### Moderate problems

- Seizure (jerking or staring) caused by fever (about 1 out of 3,000 doses)
- Temporary pain and stiffness in the joints, mostly in teenage or adult women (up to 1 out of 4)
- Temporary low platelet count, which can cause a bleeding disorder (about 1 out of 30,000 doses)

### Severe problems (very rare)

- Serious allergic reaction (less than 1 out of a million doses)
- Several other severe problems have been reported after a child gets MMR vaccine, including:
  - Deafness
  - Long-term seizures, coma, or lowered consciousness
  - Permanent brain damage

These are so rare that it is hard to tell whether they are caused by the vaccine.

## 5 What if there is a serious reaction?

### What should I look for?

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or behavior changes.

Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

### What should I do?

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 or get the person to the nearest hospital. Otherwise, call your doctor.
- Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor might file this report, or you can do it yourself through the VAERS web site at [www.vaers.hhs.gov](http://www.vaers.hhs.gov), or by calling **1-800-822-7967**.

*VAERS is only for reporting reactions. They do not give medical advice.*

## 6 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling **1-800-338-2382** or visiting the VICP website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation).

## 7 How can I learn more?

- Ask your doctor.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636 (1-800-CDC-INFO)** or
  - Visit CDC's website at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)

## Vaccine Information Statement (Interim) MMR Vaccine

4/20/2012

42 U.S.C. § 300aa-26

Office Use Only



# Chickenpox Vaccine

## What You Need to Know

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### 1 Why get vaccinated?

Chickenpox (also called varicella) is a common childhood disease. It is usually mild, but it can be serious, especially in young infants and adults.

- It causes a rash, itching, fever, and tiredness.
- It can lead to severe skin infection, scars, pneumonia, brain damage, or death.
- The chickenpox virus can be spread from person to person through the air, or by contact with fluid from chickenpox blisters.
- A person who has had chickenpox can get a painful rash called shingles years later.
- Before the vaccine, about 11,000 people were hospitalized for chickenpox each year in the United States.
- Before the vaccine, about 100 people died each year as a result of chickenpox in the United States.

Chickenpox vaccine can prevent chickenpox.

Most people who get chickenpox vaccine will not get chickenpox. But if someone who has been vaccinated does get chickenpox, it is usually very mild. They will have fewer blisters, are less likely to have a fever, and will recover faster.

### 2 Who should get chickenpox vaccine and when?

#### Routine

Children who have never had chickenpox should get 2 doses of chickenpox vaccine at these ages:

- 1st Dose: 12–15 months of age
- 2nd Dose: 4–6 years of age (may be given earlier, if at least 3 months after the 1st dose)

People 13 years of age and older (who have never had chickenpox or received chickenpox vaccine) should get two doses at least 28 days apart.

### Catch-up

Anyone who is not fully vaccinated, and never had chickenpox, should receive one or two doses of chickenpox vaccine. The timing of these doses depends on the person's age. Ask your doctor.

Chickenpox vaccine may be given at the same time as other vaccines.

Note: A “combination” vaccine called **MMRV**, which contains both chickenpox and MMR vaccines, may be given instead of the two individual vaccines to people 12 years of age and younger.

### 3 Some people should not get chickenpox vaccine or should wait.

- People should not get chickenpox vaccine if they have ever had a life-threatening allergic reaction to a previous dose of chickenpox vaccine or to gelatin or the antibiotic neomycin.
- People who are moderately or severely ill at the time the shot is scheduled should usually wait until they recover before getting chickenpox vaccine.
- Pregnant women should wait to get chickenpox vaccine until after they have given birth. Women should not get pregnant for 1 month after getting chickenpox vaccine.
- Some people should check with their doctor about whether they should get chickenpox vaccine, including anyone who:
  - Has HIV/AIDS or another disease that affects the immune system
  - Is being treated with drugs that affect the immune system, such as steroids, for 2 weeks or longer
  - Has any kind of cancer
  - Is getting cancer treatment with radiation or drugs
- People who recently had a transfusion or were given other blood products should ask their doctor when they may get chickenpox vaccine.

Ask your doctor for more information.



**4****What are the risks from chickenpox vaccine?**

A vaccine, like any medicine, is capable of causing serious problems, such as severe allergic reactions. The risk of chickenpox vaccine causing serious harm, or death, is extremely small.

Getting chickenpox vaccine is much safer than getting chickenpox disease. Most people who get chickenpox vaccine do not have any problems with it. Reactions are usually more likely after the first dose than after the second.

**Mild problems**

- Soreness or swelling where the shot was given (about 1 out of 5 children and up to 1 out of 3 adolescents and adults)
- Fever (1 person out of 10, or less)
- Mild rash, up to a month after vaccination (1 person out of 25). It is possible for these people to infect other members of their household, but this is extremely rare.

**Moderate problems**

- Seizure (jerking or staring) caused by fever (very rare).

**Severe problems**

- Pneumonia (very rare)

Other serious problems, including severe brain reactions and low blood count, have been reported after chickenpox vaccination. These happen so rarely experts cannot tell whether they are caused by the vaccine or not. If they are, it is extremely rare.

Note: The first dose of **MMRV** vaccine has been associated with rash and higher rates of fever than MMR and varicella vaccines given separately. Rash has been reported in about 1 person in 20 and fever in about 1 person in 5.

Seizures caused by a fever are also reported more often after MMRV. These usually occur 5–12 days after the first dose.

**5****What if there is a serious reaction?****What should I look for?**

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or behavior changes.

Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

**What should I do?**

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 or get the person to the nearest hospital. Otherwise, call your doctor.
- Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor might file this report, or you can do it yourself through the VAERS web site at [www.vaers.hhs.gov](http://www.vaers.hhs.gov), or by calling **1-800-822-7967**.

*VAERS is only for reporting reactions. They do not give medical advice.*

**6****The National Vaccine Injury Compensation Program**

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling **1-800-338-2382** or visiting the VICP website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation).

**7****How can I learn more?**

- Ask your doctor.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636 (1-800-CDC-INFO)** or
  - Visit CDC's website at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)

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Vaccine Information Statement (Interim)  
**Varicella Vaccine**

3/13/2008

42 U.S.C. § 300aa-26

Office Use Only



# Hepatitis A Vaccine

## What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)

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### 1 What is hepatitis A?

Hepatitis A is a serious liver disease caused by the hepatitis A virus (HAV). HAV is found in the stool of people with hepatitis A.

It is usually spread by close personal contact and sometimes by eating food or drinking water containing HAV. A person who has hepatitis A can easily pass the disease to others within the same household.

Hepatitis A can cause:

- “flu-like” illness
- jaundice (yellow skin or eyes, dark urine)
- severe stomach pains and diarrhea (children)

People with hepatitis A often have to be hospitalized (up to about 1 person in 5).

Adults with hepatitis A are often too ill to work for up to a month.

Sometimes, people die as a result of hepatitis A (about 3–6 deaths per 1,000 cases).

Hepatitis A vaccine can prevent hepatitis A.

### 2 Who should get hepatitis A vaccine and when?

#### WHO

*Some people should be routinely vaccinated with hepatitis A vaccine:*

- All children between their first and second birthdays (12 through 23 months of age).
- Anyone 1 year of age and older traveling to or working in countries with high or intermediate prevalence of hepatitis A, such as those located in Central or South America, Mexico, Asia (except Japan), Africa, and eastern Europe. For more information see [www.cdc.gov/travel](http://www.cdc.gov/travel).
- Children and adolescents 2 through 18 years of age who live in states or communities where routine vaccination has been implemented because of high disease incidence.
- Men who have sex with men.
- People who use street drugs.
- People with chronic liver disease.

- People who are treated with clotting factor concentrates.
- People who work with HAV-infected primates or who work with HAV in research laboratories.
- Members of households planning to adopt a child, or care for a newly arriving adopted child, from a country where hepatitis A is common.

*Other people might get hepatitis A vaccine in certain situations (ask your doctor for more details):*

- Unvaccinated children or adolescents in communities where outbreaks of hepatitis A are occurring.
- Unvaccinated people who have been exposed to hepatitis A virus.
- Anyone 1 year of age or older who wants protection from hepatitis A.

Hepatitis A vaccine is not licensed for children younger than 1 year of age.

#### WHEN

**For children**, the first dose should be given at 12 through 23 months of age. Children who are not vaccinated by 2 years of age can be vaccinated at later visits.

**For others at risk**, the hepatitis A vaccine series may be started whenever a person wishes to be protected or is at risk of infection.

**For travelers**, it is best to start the vaccine series at least one month before traveling. (Some protection may still result if the vaccine is given on or closer to the travel date.)

Some people who cannot get the vaccine before traveling, or for whom the vaccine might not be effective, can get a shot called immune globulin (IG). IG gives immediate, temporary protection.

Two doses of the vaccine are needed for lasting protection. These doses should be given at least 6 months apart.

Hepatitis A vaccine may be given at the same time as other vaccines.



**3****Some people should not get hepatitis A vaccine or should wait.**

- Anyone who has ever had a severe (life threatening) allergic reaction to a previous dose of hepatitis A vaccine should not get another dose.
- Anyone who has a severe (life threatening) allergy to any vaccine component should not get the vaccine.
- **Tell your doctor if you have any severe allergies**, including a severe allergy to latex. All hepatitis A vaccines contain alum, and some hepatitis A vaccines contain 2-phenoxyethanol.
- Anyone who is moderately or severely ill at the time the shot is scheduled should probably wait until they recover. Ask your doctor. People with a mild illness can usually get the vaccine.
- Tell your doctor if you are pregnant. Because hepatitis A vaccine is inactivated (killed), the risk to a pregnant woman or her unborn baby is believed to be very low. But your doctor can weigh any theoretical risk from the vaccine against the need for protection.

**4****What are the risks from hepatitis A vaccine?**

A vaccine, like any medicine, could possibly cause serious problems, such as severe allergic reactions. The risk of hepatitis A vaccine causing serious harm, or death, is extremely small.

Getting hepatitis A vaccine is much safer than getting the disease.

**Mild problems**

- soreness where the shot was given (*about 1 out of 2 adults, and up to 1 out of 6 children*)
- headache (*about 1 out of 6 adults and 1 out of 25 children*)
- loss of appetite (*about 1 out of 12 children*)
- tiredness (*about 1 out of 14 adults*)

If these problems occur, they usually last 1 or 2 days.

**Severe problems**

- serious allergic reaction, within a few minutes to a few hours after the shot (*very rare*).

**5****What if there is a serious reaction?****What should I look for?**

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or behavior changes.

Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

**What should I do?**

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 or get the person to the nearest hospital. Otherwise, call your doctor.
- Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor might file this report, or you can do it yourself through the VAERS web site at [www.vaers.hhs.gov](http://www.vaers.hhs.gov), or by calling **1-800-822-7967**.

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**Vaccine Information Statement (Interim)  
Hepatitis A Vaccine**

10/25/2011

42 U.S.C. § 300aa-26

Office Use  
Only

Patient name: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (mo.) (day) (yr.)

# Screening Questionnaire for Child and Teen Immunization



**For parents/guardians:** The following questions will help us determine which vaccines your child may be given today. If you answer “yes” to any question, it does not necessarily mean your child should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

	Yes	No	Don't Know
1. Is the child sick today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the child have allergies to medications, food, or any vaccine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the child had a serious reaction to a vaccine in the past?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the child had a health problem with asthma, lung disease, heart disease, kidney disease, metabolic disease (e.g., diabetes), or a blood disorder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. If the child to be vaccinated is between the ages of 2 and 4 years, has a healthcare provider told you that the child had wheezing or asthma in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Has the child had a seizure, brain, or other nervous system problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the child have cancer, leukemia, AIDS, or any other immune system problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Has the child taken cortisone, prednisone, other steroids, or anticancer drugs, or had radiation treatments in the past 3 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Has the child received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug in the past year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Is the child/teen pregnant or is there a chance she could become pregnant during the next month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Has the child received vaccinations in the past 4 weeks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Form completed by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Form reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

**Did you bring your child's immunization record card with you?**      yes     no

It is important to have a personal record of your child's vaccinations. If you don't have a personal record, ask the child's healthcare provider to give you one with all your child's vaccinations on it. Keep this record in a safe place and bring it with you every time you seek medical care for your child. Your child will need this important document for the rest of his or her life to enter day care or school, for employment, or for international travel.



**Illinois Department of Public Health  
Childhood Lead Risk Assessment Questionnaire**

**ALL CHILDREN 6 MONTHS THROUGH 6 YEARS OF AGE MUST BE ASSESSED FOR LEAD POISONING  
(410 ILCS 45/6.2)**

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_\_ ZIP Code \_\_\_\_\_

<b>Respond to the following questions by circling the appropriate answer.</b>	<b>R E S P O N S E</b>
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- |   |                   |
|---|-------------------|
| 1. Is this child eligible for or enrolled in Medicaid, Head Start, All Kids or WIC?   | Yes No Don't Know |
| 2. Does this child have a sibling with a blood lead level of 10 mcg/dL or higher?   | Yes No Don't Know |
| 3. Does this child live in or regularly visit a home built before 1978?   | Yes No Don't Know |
| 4. In the past year, has this child been exposed to repairs, repainting or renovation of a home built before 1978?  | Yes No Don't Know |
| 5. Is this child a refugee or an adoptee from any foreign country?  | Yes No Don't Know |
| 6. Has this child ever been to Mexico, Central or South America, Asian countries (i.e., China or India), or any country where exposure to lead from certain items could have occurred (for example, cosmetics, home remedies, folk medicines or glazed pottery)?  | Yes No Don't Know |
| 7. Does this child live with someone who has a job or a hobby that may involve lead (for example, jewelry making, building renovation or repair, bridge construction, plumbing, furniture refinishing, or work with automobile batteries or radiators, lead solder, leaded glass, lead shots, bullets or lead fishing sinkers)? | Yes No Don't Know |
| 8. At any time, has this child lived near a factory where lead is used (for example, a lead smelter or a paint factory)?  | Yes No Don't Know |
| 9. Does this child reside in a high-risk ZIP code area?   | Yes No Don't Know |

**A blood lead test should be performed on children:**

- with any "Yes" or "Don't Know" response
- living in a high-risk ZIP code area

All Medicaid-eligible children should have a blood lead test at 12 months of age and at 24 months of age. If a Medicaid-eligible child between 36 months and 72 months of age has not been previously tested, a blood lead test should be performed.

If there is any "Yes" or "Don't Know" response; **and**

- there has been no change in the child's living conditions; **and**
- the child has proof of two consecutive blood lead test results (documented below) that are each less than 10 mcg/dL (with one test at age 2 or older), a blood lead test is not needed at this time.

Test 1: Blood Lead Result \_\_\_\_\_ mcg/dL Date \_\_\_\_\_ Test 2: Blood Lead Result \_\_\_\_\_ mcg/dL Date \_\_\_\_\_

If responses to all the questions are "NO," re-evaluate at every well child visit or more often if deemed necessary.

\_\_\_\_\_  
Signature of Doctor/Nurse

\_\_\_\_\_  
Date

Illinois Lead Program  
866-909-3572 or 217-782-3517  
TTY (hearing impaired use only) 800-547-0466

## High-Risk ZIP Codes for Pediatric Blood Lead Poisoning

<b>Adams</b>	62567	<b>Effingham</b>	62367	<b>Knox</b>	62526	61466	62976	60942
62301	62570	None	62373	61401	62537	61476	62992	60960
62320	<b>Clark</b>	<b>Fayette</b>	62379	61410	62551	61486	<b>Putnam</b>	60963
62324	62420	62458	62380	61414	<b>Macoupin</b>	<b>Monroe</b>	61336	61810
62339	62442	62880	<b>Hardin</b>	61436	62009	None	61340	61831
62346	62474	62885	62919	61439	62033	<b>Montgomery</b>	61363	61832
62348	62477	<b>Ford</b>	62982	61458	62069	62015	<b>Randolph</b>	61833
62349	62478	60919	<b>Henderson</b>	61467	62085	62019	62217	61844
62365	<b>Clay</b>	60933	61418	61474	62088	62032	62242	61848
<b>Alexander</b>	62824	60936	61425	61485	62093	62049	62272	61857
62914	62879	60946	61454	61489	62626	62051	<b>Richland</b>	61865
62988	<b>Clinton</b>	60952	61460	61572	62630	62056	62419	61870
<b>Bond</b>	62219	60957	61469	<b>Lake</b>	62640	62075	62425	61876
62273	<b>Coles</b>	60959	61471	60040	62649	62077	<b>Rock Island</b>	61883
<b>Boone</b>	61931	60962	61480	<b>LaSalle</b>	62672	62089	61201	<b>Wabash</b>
61038	61938	61773	<b>Henry</b>	60470	62674	62091	61236	62410
<b>Brown</b>	61943	<b>Franklin</b>	61234	60518	62685	62094	61239	62852
62353	62469	62812	61235	60531	62686	62538	61259	62863
62375	<b>Cook</b>	62819	61238	61301	62690	<b>Morgan</b>	61265	<b>Warren</b>
62378	All Chicago	62822	61274	61316	<b>Madison</b>	62601	61279	61412
<b>Bureau</b>	ZIP Codes	62825	61413	61321	62002	62628	<b>St. Clair</b>	61417
61312	60043	62874	61419	61325	62048	62631	62201	61423
61314	60104	62884	61434	61332	62058	62692	62203	61435
61315	60153	62891	61443	61334	62060	62695	62204	61447
61322	60201	62896	61468	61342	62084	<b>Moultrie</b>	62205	61453
61323	60202	62983	61490	61348	62090	61937	62220	61462
61328	60301	62999	<b>Iroquois</b>	61354	62095	<b>Ogle</b>	62289	61473
61329	60302	<b>Fulton</b>	60911	61358	<b>Marion</b>	61007	<b>Saline</b>	61478
61330	60304	61415	60912	61364	None	61030	62930	<b>Washington</b>
61337	60305	61427	60924	61370	<b>Marshall</b>	61047	62946	62214
61338	60402	61431	60926	61372	61369	61049	<b>Sangamon</b>	62803
61344	60406	61432	60930	<b>Lawrence</b>	61377	61054	62625	<b>Wayne</b>
61345	60456	61441	60931	62439	61424	61064	62689	62446
61346	60501	61477	60938	62460	61537	61091	62703	62823
61349	60513	61482	60945	62466	61541	<b>Peoria</b>	<b>Schuyler</b>	62843
61359	60534	61484	60951	<b>Lee</b>	<b>Mason</b>	61451	61452	62886
61361	60546	61501	60953	60553	62617	61529	62319	<b>White</b>
61362	60804	61519	60955	61006	62633	61539	62344	62820
61368	<b>Crawford</b>	61520	60966	61031	62644	61552	62624	62821
61374	62433	61524	60967	61042	62655	61602	62639	62835
61376	62449	61531	60968	61310	62664	61603	<b>Scott</b>	62844
61379	62451	61542	60973	61318	62682	61604	62621	62887
<b>Calhoun</b>	<b>Cumberland</b>	61543	<b>Jackson</b>	61324	<b>Massac</b>	61605	62663	<b>Whiteside</b>
62006	62428	61544	62927	61331	62953	61606	62694	61037
62013	<b>DeWitt</b>	61563	62940	61353	<b>McDonough</b>	<b>Perry</b>	<b>Shelby</b>	61243
62036	61727	<b>Gallatin</b>	62950	61378	61411	62832	62438	61251
62070	61735	62934	<b>Jasper</b>	<b>Livingston</b>	61416	62997	62534	61261
<b>Carroll</b>	61749	<b>Greene</b>	62432	60420	61420	<b>Piatt</b>	62553	61270
61014	61750	62016	62434	60460	61422	61813	<b>Stark</b>	61277
61051	61777	62027	62459	60920	61438	61830	61421	61283
61053	61778	62044	62475	60921	61440	61839	61426	<b>Will</b>
61074	61882	62050	62480	60929	61470	61855	61449	60432
61078	<b>DeKalb</b>	62054	<b>Jefferson</b>	60934	61475	61929	61479	60433
<b>Cass</b>	60111	62078	62883	61311	62374	61936	61483	60436
62611	60129	62081	<b>Jersey</b>	61313	<b>McHenry</b>	<b>Pike</b>	61491	<b>Williamson</b>
62618	60146	62082	62030	61333	60034	62312	<b>Stephenson</b>	62921
62627	60550	62092	62063	61740	<b>McLean</b>	62314	61018	62948
62691	<b>Douglas</b>	<b>Grundy</b>	<b>Jo Daviess</b>	61741	61701	62323	61032	62949
<b>Champaign</b>	61930	60437	61028	61743	61720	62340	61039	62951
61815	61941	60474	61075	61769	61722	62343	61044	<b>Winnebago</b>
61816	61942	<b>Hamilton</b>	61085	61775	61724	62345	61050	61077
61845	<b>DuPage</b>	62817	61087	<b>Logan</b>	61728	62352	61060	61101
61849	60519	62828	<b>Johnson</b>	62512	61730	62355	61062	61102
61851	<b>Edgar</b>	62829	62908	62518	61731	62356	61067	61103
61852	61917	62859	62923	62519	61737	62357	61089	61104
61862	61924	<b>Hancock</b>	<b>Kane</b>	62548	61770	62361	<b>Tazewell</b>	<b>Woodford</b>
61872	61932	61450	60120	62543	<b>Menard</b>	62362	61564	61516
<b>Christian</b>	61933	62311	60505	62635	62642	62363	61721	61545
62083	61940	62313	<b>Kankakee</b>	62643	62673	62366	61734	61570
62510	61944	62316	60901	62666	62688	62370	<b>Union</b>	61760
62517	61949	62318	60910	62671	<b>Mercer</b>	<b>Pope</b>	62905	61771
62540	<b>Edwards</b>	62321	60917	<b>Macon</b>	61231	None	62906	
62546	62476	62330	60954	62514	61260	<b>Pulaski</b>	62920	
62555	62806	62334	60969	62521	61263	62956	62926	
62556	62815	62336	<b>Kendall</b>	62522	61276	62963	<b>Vermilion</b>	
62557	62818	62354	None	62523	61465	62964	60932	



## Tuberculosis (TB) Risk Assessment

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. Does your child have a first degree relative or person living in your home with a positive tuberculosis test or who is being treated for tuberculosis? Yes No
2. Has your child travelled outside the country? Yes N
3. If yes, what country? \_\_\_\_\_
4. Is your child a recent immigrant or has he/she been adopted from outside this country? Yes No
5. Does your child have a close contact that is in prison? Yes No
6. Does your child have regular exposure to a nursing home or other long-term care facility? Yes No

Signature of parent/guardian: \_\_\_\_\_

Signature of physician: \_\_\_\_\_