

Mission:

To protect, promote and improve the health of all people in Florida through integrated state, county and community efforts.



Ron DeSantis
Governor

Joseph A. Ladapo, MD, PhD
State Surgeon General

Vision: To be the **Healthiest State** in the Nation

Immunization Registration

(Please fill out information completely)

Registration Information (Child Information)

_____		_____		_____		_____		_____		
Last name		First Name		Middle Initial		Date of Birth		Age		
_____						_____		_____		
Address						City/State		Zip		
								Gender: <input type="checkbox"/> Female		
								<input type="checkbox"/> Male		
_____			_____							
Home Phone			Cell Phone							
Race										
<input type="checkbox"/> American Indian or Alaskan			<input type="checkbox"/> Filipino			<input type="checkbox"/> Korean		<input type="checkbox"/> Samoan		
<input type="checkbox"/> Asian Indian			<input type="checkbox"/> Guamanian/Chamorro			<input type="checkbox"/> Other Asian		<input type="checkbox"/> Unknown		
<input type="checkbox"/> Black or African American			<input type="checkbox"/> Hawaiian			<input type="checkbox"/> Other Nonwhite		<input type="checkbox"/> Vietnamese		
<input type="checkbox"/> Chinese			<input type="checkbox"/> Japanese			<input type="checkbox"/> Other Pacific Islander		<input type="checkbox"/> White		
								<input type="checkbox"/> Other		
Ethnicity:										
<input type="checkbox"/> Non-Hispanic										
<input type="checkbox"/> Hispanic										

PARENT/GUARDIAN INFORMATION

_____		_____		_____
Last Name		First Name		Middle Initial
Date of Birth				
Relationship to Minor				
Medicaid or Private Insurance: ____ Yes ____ No				
Insurance Carrier: _____			Member ID: _____	
Name of Policy holder: _____				
Date of birth of Policy holder: _____				
Parent or Guardian Signature: _____				Date: _____

