

TAKE...

The Shotzy Challenge

IMMUNIZE EVERY CHILD BY TWO!



Parent or Guardian Information:

Name: _____
Address: _____
City: _____
Zip: _____
Home Phone: (_____) _____
Email Address: _____

Race: White Black Hispanic Asian Other

Child(ren) under 2 years old:	Child(ren) 2 –5 years old:
Name: _____	Name: _____
Age: _____	Age: _____
B-day: _____	B-day: _____
Name: _____	Name: _____
Age: _____	Age: _____
B-day: _____	B-day: _____
Name: _____	Name: _____
Age: _____	Age: _____
B-day: _____	B-day: _____

Please circle your answer:

- Are you in need of prenatal care? Yes No
- Are you interested in information about:
Immunization Registry System Immunizations
Free Health Services Free Prenatal Care
- Does your health insurance pay for immunizations?
Yes No I don't have health insurance
- It's not important for my child to get his/her immunizations until it is time for him/her to enroll in school.
True False
- Your child can not get an immunization when he/she has a cold. True False
- In the United States, children do not get vaccine preventable diseases such as Pertussis (whooping cough) anymore.
True False