IR Intake

Complete all questions for compliance

🔲 **Form Completion**   **0%**

● 0 completed   ● 12 remaining

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1. Assessment Type *

[Select Assessment Type ⌄]

2. First Name *   **3. Last Name ***

[   ]   [   ]

4. Date of Birth *   **5. Gender ***

[mm/dd/yyyy   📅]   [Select Gender   ⌄]

6. Grade Entering

[e.g., K, 1st, 7th, 12th]

7. ~~**Birth location**~~ **- Name of school**

[e.g., Lincoln Elementary School]

8. ~~**Country of Birth ***~~   Not Needed

[~~Select Country~~   ⌄]

9. Start-Up or Catch-Up: If Catch-Up, date to start next vaccination *

[Select Type   ⌄]

10. Previous Immunization Records Required *

[Select Status   ⌄] —————— Is there an option to have program read the provided printouts?

Is there an option to have program read the provided printouts?

11. CAIR/MRN

[e.g., CA123456789 or leave blank]

CAIR preferred (California Immunization Registry). MRN is found on your insurance card. Leave blank if you don't have either - one will be assigned.

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13. Hospital Birth? *

○ Yes   ○ No —————— If yes, section to provide name and address of hospital