

Barrier-Free Immunizations

Student last name	Student first name	Date of birth
Clinic name	Fax	Phone
Address		City

Minnesota law requires immunizations, or written proof of exemption, for children to attend school. Students are required to be immunized against diphtheria, tetanus, pertussis, polio, measles, mumps, rubella, hepatitis B and varicella. Other vaccines may be recommended, but are not required by law.

Check with your child's regular doctor or clinic about the required immunizations. If your child does not have a regular clinic, or is unable to get an appointment, you will be directed to another clinic in the area. This clinic will provide immunizations without charging for the vaccines or requiring a doctor's visit. If your child has health insurance or is enrolled in a medical assistance (MA) program, insurance will be billed.

School

- Clinic information (name, address, phone number) is noted in the box on top of this form.
- Student's immunization record is noted on table or is attached (include data from MIIC) **OR**
- No immunization record is attached (no data in MIIC)

Vaccine	Note month, day and year				
	1st Dose	2nd Dose	3rd Dose	4th Dose	5th Dose
DTP/DTaP					
Td/Tdap					
Polio					
Hepatitis B					
MMR					
Varicella					

School	School office phone	Health office phone
School nurse or staff		Fax

Parent

Child under the age of 18 must be accompanied by parent or guardian.

- ✓ Bring this form to the receptionist at the clinic.
- ✓ If you have insurance, bring your insurance card to the clinic. If your insurance does not cover immunizations, tell clinic staff.
- ✓ Bring a copy of your child's immunization record and this form back to school to show that your child has received required vaccines.
- ✓ **If you receive a bill for immunizations, contact the clinic. Ask for customer service and tell them you received a bill for shots received through No Shots No School.**

Clinic

- Doctor visit waived.
- Copay for immunizations waived.
- Immunization records reviewed, required immunizations administered.
- Vaccine cost and administration fee waived (unless student is fully insured or on MA).
- Copy of immunization record (including immunizations given) attached to this form and parent instructed to give these forms to their school.
- Copy of immunization records given to parents.
- Additional doses needed: Vaccine _____ Date due _____ Vaccine _____ Date due _____
Vaccine _____ Date due _____ Vaccine _____ Date due _____

Park Nicollet Clinics Only

During May, August, and the first two weeks of September, students may receive immunizations through the No Shots No School initiative **without** the *Barrier-Free Immunization* form. Students who have not been directed to a participating clinic by a school would not have received the form, but are eligible to receive required immunizations without a clinician visit or preventive care exam (nurse-only visit) and without charge (copays and administration fees waived). Students who are not Park Nicollet Health System patients also are eligible.

Front Line Staff

- √ Register patient.
- √ Schedule on Nurses Screen per department process, enter "NS NS" as reason.
- √ If patient calls to schedule appointment, remind them to:
 - Bring *Barrier-Free* form if school has directed them to the clinic.
 - Bring immunization records.
 - Have parent come to appointment.
- √ If patient has a copay, select "non-copay" visit. **Do not collect a copay.**

Clinic Nurse

- √ Administer required immunizations.
- √ Document immunizations and MnVFC eligibility in LastWord (if eligible) and complete MSR.

Documentation			
Check the first category that applies	LastWord	MSR	
	Vaccines for Children program (if eligible)	Vaccine	Imm. Admin.
<input type="checkbox"/> Patient has health insurance that fully covers vaccines	Not eligible for free vaccines	√	√
<input type="checkbox"/> Patient is enrolled in a MN Health Care Program (MA/PMAP) Patient label will show C&TC: YES	1. MA/PMAP	SL 04	√
<input type="checkbox"/> Patient does not have health insurance (self-pay)	2. Does not have health insurance	SL 04	33
<input type="checkbox"/> Patient is American Indian/Alaskan Native	3. Am Indian/Alaskan Native	SL 04	33
<input type="checkbox"/> Patient has health insurance with one of the following conditions: a) Insurance does not cover vaccines, b) Insurance caps vaccine coverage at a certain amount and patient has reached that amount, or c) Patient has not met insurance deductible.	4. Insured/vaccine not covered	SL 04	33

SL 04 - Added to ensure that the patient will not be billed for the **cost of the vaccine.**

33 - Added to ensure that the patient will not be billed for the **cost of administering vaccine.**

Parent

If you receive a bill from Park Nicollet Health Services, contact Customer Service at 952-993-7672.

Return this form to student/parent