

Personal Information

Occupation:

Education	Sexuality	Marital Status	Living Status	Diet	Exercise	Alternative Medicine
primary	heterosexual	single	alone	none	none	holistic
secondary	homosexual	married	with spouse	low fat	walking	chiropractic
college	bisexual	divorced	with parents	low chol	aerobics	homeopathy
post grad	transsexual	widowed	assisted living	low carbo	weightlifting	acupuncture
doctorate		separated	nursing home	vegetarian	__ days / wk	herbal

Tobacco	Alcohol	Illicit Drugs	Caffeine
never / past / active	never / past / active	never / past / active	never / past / active
cigarette / cigar / pipe	liquor / wine / beer	cocaine / marijuana	coffee / tea / soda
snuff / dip / chewing	__drinks per	heroin / amphetamine	_____cans / cups per day
Start_____ Stop_____	day / week / month	barbiturates / LSD / PCP	
packs per day _____	AA / Alcohol Rehab	IV Drug Abuse / Drug Rehab	

***I have received a copy of the CDC Vaccine Information Statement (VIS). I freely and voluntarily give my signed permission to administer this vaccine. I agree these records may be released to the Department of Health immunization tracking system.**