

Wayne County Department of Public Health
Immunization – Demographic Sheet

Client Name (First-Last): _____

Street Address: _____

City: _____ **State:** __Michigan__ **Zip:** _____

Phone Number (preferred): _____ cell home other

Birth date: _____

Gender (Choose One): ☐ Male ☐ Female

I certify that the above information is true and accurate to the best of my knowledge and understanding. I further understand that this information may be used to determine sliding fee scale discounts for which I may be eligible. I also understand that if the information is determined to be false, I may be required to pay for any discounts that I have received. Clients will not be denied services due to inability to pay.

Print Parent/Guardian Name: _____

Parent/Guardian/Client: _____ **Date:** _____