ALERT Submission Form
For Use By OYA/Dept. of Corrections/Job Corps/Jail Staff Only

Submit one page per client for each date of service, mail to ALERT

Demographic Information

Place OYA/Dept. of Corrections/Job Corps/Jail Client Sticker/Identifier Here	*Special Instructions/Comments:*
	Local ID #:

Client Name: _____ (Last / First / Middle) Date of Birth ____ / ____ / ____ (MM / DD / YYYY)

Home Address (if known): _____ (Street Number / Apt. Number / City / State / Zip)

Phone Number: ( ) -

Mother's Maiden Name:

Medicaid #:

Social Security #:

Immunization Information

Date of Service _____ / _____ / _____ (MM / DD / YYYY)

Site Location

OYA:

☐ *Eastern OR* ☐ *Hillcrest* ☐ *MacClaren*
☐ *North Coast* ☐ *Oak Creek* ☐ *Riverbend*
☐ *Rogue Valley* ☐ *Tillamook*

DOC:

☐ *Coffee Creek* ☐ *Columbia River*
☐ *Deer Ridge* ☐ *Eastern Oregon*
☐ *Mill Creek*
☐ *Oregon Corrections Intake Center*
☐ *Oregon State Correctional Institution*
☐ *Oregon State Penitentiary* ☐ *OSPM*
☐ *Powder River* ☐ *Santiam*
☐ *Shutter Creek* ☐ *South Fork* ☐ *Snake River*
☐ *Two Rivers* ☐ *Warner Creek*

Job Corps:

☐ *Angell* ☐ *Springdale* ☐ *Timberlake*
☐ *Tongue Point* ☐ *Wolf Creek*

County Jail: _____
(must specify site name)

Vaccine (Check all shots given)	Brand name	Code
☐ Hep A	Vaqta/Havrix	85
☐ Hep B, adolescent or pediatric	Recombivax/ Engerix	8
☐ Hep B, adult	Recombivax/ Engerix	43
☐ Hep A – Hep B	Twinrix	104
☐ Influenza – split – Inactivated	Fluzone	15
☐ Influenza – Intranasal	Flu Mist	111
☐ Meningococcal (MCV4)	Menactra	114
☐ Meningococcal (MPSV4)	Menomune	32
☐ MMR	MMR	3
☐ Pneumococcal (PPV23)	Pneumovax 23	33
☐ Td/Preservative Free	Td Adult	113
☐ Tdap	Adacel/ Boostrix	115
☐ Varicella	Varivax	21
☐ Other _____		
☐ Other _____		

To contact ALERT:
Phone: 800-980-9431; 971-673-0275
Fax: 971-673-0276
Email: OHD.ALERT@state.or.us

ALERT Mailing Address:
Oregon Immunization ALERT
800 NE Oregon St, Suite 370
Portland, OR 97232

ALERT will provide postage-paid envelopes

Optional: Attach a copy of the client's prior immunization record to this form and ALERT will enter the full immunization history.