

2015 Walk-In Clinic Schedule

Clark County Courthouse

517 Court Street
Health Dept. Room 105
Neillsville, WI 54456
(Use the 6th street entrance)
Every Monday
2:30-4:00 pm

Clark County Rehabilitation and Living Center

W4266 County Highway X
Owen, WI 54460
(Auditorium Entrance)
3rd Monday of every month
5:00-6:30 pm

PLEASE NOTE

***PLEASE CALL AHEAD TO RESERVE THE
VARICELLA (CHICKENPOX) VACCINE.**

**THIS VACCINE WILL ONLY BE AVAILABLE AT
NEILLSVILLE UNLESS YOU CALL AHEAD!!!**

***IF YOU ARE WANTING THE SHINGLES VACCINE
YOU MUST CALL FOR AN APPOINTMENT!**

**CLINICS FALLING ON A HOLIDAY WILL BE
CANCELLED**

Clark County Health Department

Also Provides:

BLOOD PRESSURE CHECKS
BREASTFEEDING INFORMATION
CAR SEATS FOR KIDS PROGRAM/CAR SEAT CHECKS
CHILDREN AND YOUTH WITH SPECIAL HEALTH
CARE NEEDS
CRIBS FOR KIDS PROGRAM
EMERGENCY PREPAREDNESS
FIRST BREATH-SMOKING CESSATION
CHILD BLOOD LEAD TESTING
PRENATAL CARE COORDINATION/POSTPARTUM/
NEWBORN COORDINATION
RADON TESTING
REPRODUCTIVE HEALTH
SCHOOL NURSING
SEAL-A-SMILE
STEPPING ON FALLS PREVENTION
VISION AND HEARING SCREENINGS/
CONSULTATION
WATER TESTING
WISCONSIN WELL WOMAN PROGRAM

Clark County Health Department



2015 Immunization Clinic Schedule

Clark County Courthouse
517 Court Street
Room 105
Neillsville, WI 54456
(715) 743-5105
www.co.clark.wi.us



Find us on
Facebook

2014/2015 Recommended Immunizations for Babies

at birth	HepB											
2 months	HepB 1-2 mos	+	DTaP	+	PCV	+	Hib	+	Polio	+	RV	
4 months	DTaP		+	PCV		+	Hib	+	Polio		+	RV
6 months	HepB 6-18 mos*	+	DTaP	+	PCV	+	Hib	+	Polio 6-18 mos*	+	RV (Influenza) 6 mos through 18 years**	
12 months	MMR 12-15 mos*	+	PCV 12-15 mos*	+	Hib 12-15 mos*	+	Varicella 12-15 mos*	+	HepA 12-23 mos*	+	(Influenza) 6 mos through 18 years**	
15 months	DTaP 15-18 mos*									(Influenza) 6 mos through 18 years**		

******* SUGGESTED \$2.00-\$5.00 DONATION PER VFC VACCINE*******

Vaccine Cost for Adults (19 and over)

Zostavax (Shingles) Vaccination \$180.00

\$40.00 if qualified for the Merck Patient Assistance Program. Please call the Health Dept. for more information and to determine eligibility

Adult Hepatitis B Vaccination \$45.00/dose

Adult Seasonal Influenza \$30.00/dose

TB Skin Test \$10.00/dose

.....
MMR, Varicella, Tdap, HPV & Meningococcal
are available to those who have no insurance or are insured by a policy that
does not cover the above immunizations.
.....

**PLEASE BRING ALL IMMUNIZATION RECORDS WITH YOU TO CLINIC SITE
(All children under the age of 18 must be accompanied by a parent/guardian)**

School Immunization Law 2014-2015

(VFC vaccines are administered free of charge to children 18 and younger. Please see side bar for qualifications) →

Age/Grade	Number of Doses					
Pre K (2 yrs through 4 yrs)	4 DTP/DTaP/DT ₂		3 Polio	3 Hep B	1 MMR ₅	1 Var ₆
Grades K through 5	4 DTP/DTaP/DT/Td _{1,2}		4 Polio ₄	3 Hep B	2 MMR ₅	2 Var ₆
Grades 6 through 12	4 DTP/DTaP/DT/Td ₂	1 Tdap ₃	4 Polio ₄	3 Hep B	2 MMR ₅	2 Var ₆

1. DTP/DTaP/DT vaccine for children entering Kindergarten: Your child must have received one dose after the 4th birthday (either the 3rd, 4th, or 5th) to be compliant. (Note: a dose 4 days or less before the 4th birthday is also acceptable).
2. DTP/DTaP/DT/Td vaccine for students entering grades 1 through 12: Four doses are required. However, if your child received the 3rd dose after the 4th birthday, further doses are not required. (Note: a dose 4 days or less before the 4th birthday is also acceptable).
3. Tdap means adolescent tetanus, diphtheria and acellular pertussis vaccine. If your child received a dose of a tetanus-containing vaccine, such as Td, within 5 years of entering the grade in which Tdap is required, your child is compliant and a dose of Tdap vaccine is not required.
4. Polio vaccine for students entering grades Kindergarten through 12: Four doses are required. However, if your child received the 3rd dose after the 4th birthday, further doses are not required. (Note: a dose 4 days or less before the 4th birthday is also acceptable).
5. The first dose of MMR vaccine must have been received on or after the first birthday (Note: a dose 4 days or less before the 1st birthday is also acceptable).
6. Var means Varicella (chickenpox) vaccine. A history of chickenpox disease is also acceptable.

Vaccines For Children (VFC) Program

Children through 18 years of age who meet at least one of the following criteria are eligible to receive VFC vaccine:

◆ **Medicaid eligible:** A child who is eligible for the Medicaid program. (For the purposes of the VFC program, the terms "Medicaid-eligible" and "Medicaid-enrolled" are equivalent and refer to children who have health insurance covered by a state Medicaid program).

◆ **Uninsured:** A child who has no health insurance coverage

◆ **American Indian or Alaska Native:** As defined by the Indian Health Care Improvement Act (**25 U.S.C. 1603**)

◆ **Underinsured:** Has health insurance, but the coverage does not include all vaccines or only covers selected vaccines. Speak with your local health department for specific eligibility requirements.