

## IMMUNIZATION CONSENT FORM

**Vaccines** can prevent many communicable diseases. It is recommended that you follow the immunization schedule provided by your Health Care Provider.

You are due for the following vaccine:

\_\_\_\_\_

(Vaccine)

\_\_\_\_\_

(Dose #)

Name of Health Care Provider and Designation

\_\_\_\_\_

(Please Print)

Please read the Information sheet. It will tell you about the vaccine, the disease(s) it prevents, and the benefits, risks and side effects. Ask your health care provider any questions you have regarding receiving the vaccine.

### PERSONAL INFORMATION

Client's Full Name: \_\_\_\_\_ Preferred Name / Alias: \_\_\_\_\_

Parent / Legal Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City / Town: \_\_\_\_\_ Province / State: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**HEALTH CARD NUMBER:** \_\_\_\_\_ **Date of Birth (YYYY/MON/DD):** \_\_\_\_\_ **Age:** \_\_\_\_\_

Gender:  Male  Female  Gender X  Undifferentiated  Unknown

Have you ever had a serious reaction to a vaccine?  Yes  No If yes, explain: \_\_\_\_\_

I have read the information sheet provided and understand the benefits, risks and side effects of the vaccine to be given and had any questions I had answered by the health care provider.

Check (✓) one.

**YES, I CONSENT** to receiving the vaccine series.

**NO, I DO NOT CONSENT**

If already vaccinated with the vaccine listed above, provide: Date (YYYY/MON/DD): \_\_\_\_\_

Signature: \_\_\_\_\_ Date (YYYY/MON/DD): \_\_\_\_\_

Client / Parent / Legal Guardian

### To be Completed by Health Care Provider

**Vaccine Given:** \_\_\_\_\_ **Vaccine Trade Name:** \_\_\_\_\_

1st Dose: \_\_\_\_\_ Site: \_\_\_\_\_ Route: \_\_\_\_\_ Lot: \_\_\_\_\_

Date (YYYY/MON/DD): \_\_\_\_\_ Signature: \_\_\_\_\_

2nd Dose: \_\_\_\_\_ Site: \_\_\_\_\_ Route: \_\_\_\_\_ Lot: \_\_\_\_\_

Date (YYYY/MON/DD): \_\_\_\_\_ Signature: \_\_\_\_\_

3rd Dose: \_\_\_\_\_ Site: \_\_\_\_\_ Route: \_\_\_\_\_ Lot: \_\_\_\_\_

Date (YYYY/MON/DD): \_\_\_\_\_ Signature: \_\_\_\_\_