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IMMUNIZATION CONSENT FORM

VACCINE 1	2	3	4	5	DATE ON V.I.S.	DOSE	Route	SITE: RA, LA RT, LT	LOT NO.
❑ DTaP	❑ DTaP	❑ DTaP	❑ DTaP	❑ DTaP			IM		
❑ DT	❑ DT	❑ DT	❑ DT	❑ DT			IM		
❑ Td	❑ Td	❑ Td					IM		
❑ Hib	❑ Hib	❑ Hib	❑ Hib				IM		
❑ IPV	❑ IPV	❑ IPV	❑ IPV				IM • SC		
❑ HBIG									
❑ Hep B	❑ Hep B	❑ Hep B					IM		
❑ MMR	❑ MMR						SC		
❑ Varivax	❑ Varivax						SC		
❑ Prevnar	❑ Prevnar	❑ Prevnar	❑ Prevnar				IM		
❑ Comvax	❑ Comvax	❑ Comvax	❑ Comvax				IM		
❑ Pediarix	❑ Pediarix	❑ Pediarix	❑ Pediarix				IM		
❑ PPD	❑ PPD	❑ PPD	❑ PPD	❑ PPD			ID		
Date: Res:	Date: Res:	Date: Res:	Date: Res:	Date: Res:					
❑ INFLUENZA (FLU)							IM		
❑ OTHER (SPECIFY):									

PATIENT CHART NO.

CLINIC SITE:

DATE VACCINATED:

VACCINATOR/TITLE

INSURANCE

- ❑ MIP
- ❑ MEDICAID
- ❑ Uninsured
- ❑ Staywell
- ❑ Calvo's
- ❑ Nambo's
- ❑ Pacificare
- ❑ Multicover
- ❑ Military
- ❑ BC/BS
- ❑ Medicare
- ❑ Other: _____

Information about **the person** to receive vaccine **(PLEASE PRINT CLEARLY)**

Patient: Last Name First name Middle Name | Social Security No.

Mailing Address | Residing Village

City | Zip Code | Home Phone Number

Date of Birth ____/____/____ mo day yr | Age ____/____/____ mo day yr | Sex ❑ Male ❑ Female | Work Phone Number

Mother: Last Name First Name Middle Name | Mother's Maiden Name

Father: Last Name First Name Middle Name

Authorized guardian (with written or legal consent) Last Name First Name Middle name

Ethnicity:
(Please Check One)

- ❑ Chamorro
- ❑ African-American
- ❑ Filipino
- ❑ Palauan
- ❑ Caucasian
- ❑ Japanese
- ❑ Chuukese
- ❑ Korean
- ❑ Yapese
- ❑ Chinese
- ❑ Kosraen
- ❑ Vietnamese
- ❑ Pohnpean
- ❑ Other: _____
- ❑ Marshallese

I, the undersigned, hereby give my full consent, to _____ to perform vaccination procedures for the maintenance of myself or my child's good health. I have fully read and understand the vaccine information statement (VIS) given to me for the type of vaccine(s) I or my child is going to receive, its side effects and complications.

Signature (Patient/Parent/Guardian) Date Witness Signature Date