

**IMMUNIZATION SCREENING FORM - PAGE 2**

CLIENT NAME:

AGE:                      BIRTHDATE:                      PHONE:

ADDRESS:

CLIENT'S HEALTHCARE PROVIDER & CITY:

I have read or have had explained to me the information in the vaccine information sheet about the vaccines that will be administered. I have had a chance to ask questions that were answered to my satisfaction. I have the sole and entire authority, either at common law or by court order, to consent to the administration of this vaccine to the person named above. I believe I understand the benefits and risks of the vaccines and ask that the vaccines checked below be given to me or to the person named above for whom I am authorized to make this request.

**SIGNATURE:**

\*\*\*\*\*DO NOT WRITE BELOW THIS LINE\*\*\*\*\* FOR OFFICE USE ONLY\*\*\*\*\*

Td \_\_\_\_\_ DTaP \_\_\_\_\_ Tdap \_\_\_\_\_

Date injected:

Lot #:                      Manf:

Site: IM R L arm/thigh

Dose #:

IPV \_\_\_\_\_

Date:

Lot #:                      Manf:

Site: IM - SubQ R L arm/thigh

Dose #:

MMR \_\_\_\_\_

Date injected:

Lot #:                      Manf:

Site: SubQ R L arm/thigh

Dose #:                      Dil:

VARICELLA \_\_\_\_\_

Date injected:

Lot #:                      Manf:

Site: SubQ R L arm/thigh

Dose #:                      Dil:

PNEUMOCOCCAL CONJUGATE \_\_\_\_\_

Date injected:

Lot #:                      Manf:

Site: IM R L arm/thigh

Dose #:

H I B \_\_\_\_\_

Date injected:

Lot #:                      Manf:

Site: IM R L arm/thigh

Dose #:                      Dil:

HEPT B Peds \_\_\_\_\_ Adult \_\_\_\_\_

Date injected:

Lot #:                      Manf:

Site: IM R L arm/thigh

Dose #:

PEDIARIX \_\_\_\_\_ (DtAP/HEP B/IPV)

Date injected:

Lot #:                      Manf:

Site: IM R L arm/thigh

Dose #:

OTHER IMM: \_\_\_\_\_

Date injected:

Lot #:                      Manf:

Site: IM -Sub Q R L arm/thigh

Dose #:

OTHER IMM: \_\_\_\_\_

Date injected:

Lot #:                      Manf:

Site: IM - SubQ R L arm/thigh

Dose #:

CIRCLE VIS: Tdap - 7/12/06    IPV - 1/1/00    HIB - 12/98                      Pneumococcal Conjugate - 9/30/02    Combo VIS- 1/30/08

DTaP - 5/17/07    HepatitisB - 7/18/07    MMR - 3/13/08    Rotavirus - 4/12/06    Hepatitis A - 3/21/06

HPV - 2/2/07    Herpes Zoster - 9/11/06    Td - 6/10/94                      Meningococcal - 1/28/08    Varicella - 3/13/08

FORM REVIEWED and IMMUNIZATIONS ADMINISTERED BY:

Sig/Title

Date