Pediatrics & Urgent Care

107 N Maclay Ave, San Fernando, CA 91340
Tel: (818) 697-8585 Fax: (888) 799-8585

Vaccine Consent Form

Patient's Name: _____ DOB: _____ Age: _____

Form completed by: _____ Relationship to patient _____ Date: _____

Patient Eligibility: __Medicaid/MediCAL __No health insurance __Private health insurance

I have been offered a copy of the Vaccine Information Statement (VIS) checked below. I have read, had explained to me and understand the information in the VIS related to each vaccine. I ask that the vaccine(s) checked below be given to me or to the person named above for whom I am authorized to make this request. I consent to inclusion of this immunization data in the secure and confidential California Immunization Registry (CAIR) for myself or on behalf of the person named below.

DT DTaP Tdap Td HepA HepB Hib HPV Influenza Meningococcal MMR MMRV PCV13 PPV23 Polio/IPV Rotavirus Varicella Other_____

Signature: _____ Date ___/___/_____

IMMUNIZATION SCREENING QUESTIONNAIRE		
1. Is the patient to be vaccinated currently sick or experiencing a high fever?	YES	NO
2. Does the patient have allergies to medications, food, a vaccine component, or latex?	YES	NO
3. Has the patient had a serious reaction to a vaccine in the past?	YES	NO
4. Has the patient had a health problem with lung, heart, kidney or metabolic disease such as diabetes, asthma, or a blood disorder? Is the patient on aspirin therapy?	YES	NO
5. If the patient is a baby, have you ever been told he/she has had intussusception?	YES	NO
6. Has the patient, a sibling, or a parent had a seizure disorder?	YES	NO
7. Does the patient have cancer, leukemia, HIV/AIDS, or any other immune system problem?	YES	NO
8. In the past 3 months, has the patient taken medications that weaken immune system?	YES	NO
9. In the past year, has the patient received a blood transfusion or blood products or IVIG?	YES	NO
10. Is the patient pregnant or she could become pregnant in the next month?	YES	NO
11. Has the patient received vaccinations in the past 4 weeks?	YES	NO