



# Vaccine Administration Record/Informed Consent

Patient's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Age: \_\_\_\_\_

Language most comfortable speaking: \_\_\_\_\_ Do you need an interpreter?  Yes  No

Hearing impaired or need sign language interpreter services?  Yes  No

Did you bring your or your child's immunization record today?  Yes  No

**PLEASE NOTE:** It is important for you or your child to have a personal record of your vaccinations. If you do not have a record, ask your health care provider to give one to you. Make sure your health care provider records all your vaccinations. Bring this record with you every time you seek medical care.

I ACKNOWLEDGE THAT I HAVE RECEIVED THE "NOTICE OF PRIVACY PRACTICE." \_\_\_\_\_ (INITIAL)

**Patient Emergency Contact:** (For emergency only such as passing out or needing to be taken to a hospital)

Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**SNHD STAFF ONLY VFC Eligibility**

Not Eligible  No Insurance/Underinsured  Native American or Alaskan Native  NV Medicaid  NV Check-Up

**Complete the following questions to help us determine which vaccines may be given today.**

If a question is not clear, please ask the nurse to explain it.

| IS THE PERSON RECEIVING THE VACCINE:   | Yes | No | Don't Know |
|--|-----|----|------------|
| 1. Sick today?   |     |    |            |
| 2. Allergic to latex, medications, food or any vaccine?  |     |    |            |
| 3. Ever had a serious reaction after receiving a vaccine?  |     |    |            |
| 4. Had a health problem with lung, heart, kidney or metabolic disease (e.g., diabetes), asthma, or a blood disorder? Is he/she on long-term aspirin therapy? |     |    |            |
| 5. Between the ages of 2 and 4 years and had a healthcare provider tell you that the child had wheezing or asthma in the past 12 months?                     |     |    |            |
| 6. Been diagnosed with cancer, leukemia, AIDS or any other immune system problem?  |     |    |            |
| 7. Taking cortisone, prednisone, other steroids, anticancer drugs or x-ray treatments?   |     |    |            |
| 8. Been given a transfusion of blood or blood products, or been given a medicine called immune (gamma) globulin during the past year?                        |     |    |            |
| 9. Had a seizure or a brain problem?   |     |    |            |
| 10. Received any vaccines or TB skin tests in the past 4 weeks or been told to get a TB skin test?   |     |    |            |
| <b>FOR FEMALES 9 years old or older:</b>   |     |    |            |
| Are you pregnant?  |     |    |            |
| Are you trying to get pregnant in the next 28 days?  |     |    |            |
| <input type="checkbox"/> Counseled to avoid pregnancy within the next 28 days: Nurse initial _____/Client initial _____                                      |     |    |            |

**Informed Consent:** I have read or have had explained to me the information contained in the Vaccine Information Statement(s) about the disease(s) and the vaccine(s). I have had a chance to ask questions which were answered to my satisfaction. I understand the benefits and risks of the vaccine(s) and request that the vaccine(s) indicated on the reverse side be given to me or to the person named above for whom I am authorized to make this request.

**SIGN HERE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Client (18 years of age and older)  Parent/Guardian

**COMPLETE THE TOP PART ON THE BACK (NAME AND DATE OF BIRTH ONLY)**

Patient's Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
 Last First Month Day Year

**AREA BELOW FOR SNHD STAFF ONLY**

| Vaccine                                   | Date Given | Dose # | Mfg & Lot # | Site                       | Route    | VIS Date                        | Administered by (Name/Title) |
|---|------------|--------|-------------|----------------------------|----------|---------------------------------|------------------------------|
| DTaP                                      |            |        |             | LA RA LT RT                | IM       | 05-17-07                        |                              |
| DT  |            |        |             | LA RA LT RT                | IM       | 05-17-07                        |                              |
| Td  |            |        |             | LA RA LT RT                | IM       | 04-11-17                        |                              |
| Tdap<br>Adacel<br>Boostrix                |            |        |             | LA RA LT RT                | IM       | 02-24-15<br>02-24-15            |                              |
| IPV                                       |            |        |             | LA RA LT RT                | IM SQ    | 07-20-16                        |                              |
| HIB<br>Ped Vax<br>Act hib                 |            |        |             | LA RA LT RT                | IM       | 04-02-15<br>04-02-15            |                              |
| MMR                                       |            |        |             | LA RA LT RT                | SQ       | 04-20-12                        |                              |
| Varicella                                 |            |        |             | LA RA LT RT                | SQ       | 03-13-08                        |                              |
| MMRV                                      |            |        |             | LA RA LT RT                | SQ       | 05-21-10                        |                              |
| Hep A                                     |            |        |             | LA RA LT RT                | IM       | 07-20-16                        |                              |
| Hep B                                     |            |        |             | LA RA LT RT                | IM       | 07-20-16                        |                              |
| Hep A-Hep B<br>Twinrix                    |            |        |             | LA RA LT RT                | IM       | 7-20-16<br>7-20-16              |                              |
| Meningococcal<br>Menveo, Menactra<br>MenB |            |        |             | LA RA LT RT<br>LA RA LT RT | IM<br>IM | 03-31-16<br>08-09-16            |                              |
| PCV13                                     |            |        |             | LA RA LT RT                | IM       | 11-05-15                        |                              |
| DTaP-IPV<br>Kinrix                        |            |        |             | LA RA LT RT                | IM       | 05-17-07<br>07-20-16            |                              |
| DTaP-IPV/HIB<br>Pentacel                  |            |        |             | LA RA LT RT                | IM       | 05-17-07<br>7-20-16<br>04-02-15 |                              |
| DTaP-IPV-Hep B<br>Pediatrix               |            |        |             | LA RA LT RT                | IM       | 05-17-07<br>7-20-16<br>7-20-16  |                              |
| Pneumococcal<br>Pneumovax                 |            |        |             | LA RA LT RT                | IM SQ    | 04-24-15                        |                              |
| Rabies                                    |            |        |             | LA RA LT RT                | IM       | 10-06-09                        |                              |
| Rotavirus<br>Rotateq<br>Rotarix           |            |        |             | ORAL                       | PO       | 04-15-15<br>04-15-15            |                              |
| Flu                                       |            |        |             | LA RA LT RT                | IM IN    | 08-07-15                        |                              |
| Shingles<br>Zostavax                      |            |        |             | LA RA LT RT                | SQ       | 10-06-09                        |                              |
| HPV<br>Gardasil                           |            |        |             | LA RA LT RT                | IM       | 12-2-16                         |                              |
| Smallpox                                  |            |        |             | LA RA LT RT                | ID       |                                 |                              |
| Typhoid                                   |            |        |             | LA RA                      | IM       | 05-29-12                        |                              |
| Yellow Fever                              |            |        |             | LA RA                      | SQ       | 03-30-11                        |                              |
| Newborn Screening                         |            |        |             |                            |          |                                 |                              |
| Multi-Vaccine VIS                         |            |        |             |                            |          | 11-05-15                        |                              |

Record # \_\_\_\_\_ Return Date: \_\_\_\_\_ VIS Given: Clerk \_\_\_\_ Clinician \_\_\_\_

Reviewed by: \_\_\_\_\_ RN / LPN Date: \_\_\_\_\_

Clinic Location: Main ELV Hend Mesquite Mobile Unit Other \_\_\_\_\_

