



# 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 Adacel Boostrix				LA RA LT RT	IM	02-24-15 02-24-15	
IPV				LA RA LT RT	IM SQ	07-20-16	
HIB Ped Vax Act hib				LA RA LT RT	IM	04-02-15 04-02-15	
MMR				LA RA LT RT	SQ	02-12-18	
Varicella				LA RA LT RT	SQ	02-12-18	
MMRV				LA RA LT RT	SQ	02-12-18	
Hep A				LA RA LT RT	IM	07-20-16	
Hep B				LA RA LT RT	IM	07-20-16	
Hep A-Hep B Twinrix				LA RA LT RT	IM	07-20-16 07-20-16	
Meningococcal Menveo, Menactra MenB				LA RA LT RT LA RA LT RT	IM IM	03-31-16 08-09-16	
PCV13				LA RA LT RT	IM	11-05-15	
DTaP-IPV Kinrix				LA RA LT RT	IM	05-17-07 07-20-16	
DTaP-IPV/HIB Pentacel				LA RA LT RT	IM	05-17-07 07-20-16 04-02-15	
DTaP-IPV-Hep B Pediarix				LA RA LT RT	IM	05-17-07 07-20-16 07-20-16	
Pneumococcal Pneumovax				LA RA LT RT	IM SQ	04-24-15	
Rabies				LA RA LT RT	IM	10-06-09	
Rotavirus Rotateq Rotarix				ORAL	PO	02-23-18 02-23-18	
Flu				LA RA LT RT	IM IN	08-07-15	
Shingles				LA RA LT RT	IM	02-12-18	
HPV 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  Employee Health  Other \_\_\_\_\_