**INFORMED CONSENT FOR VACCINES**
**(IMM-1)**

**Patient Name:** _____

**DOB:** _____ **Patient ID Number:** _____

**Parent/Guardian** *(if applicable)*: _____ **Date:** _____

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**Vaccines to be Administered Today** *(Check all that apply)*:

| Vaccine Name: | VIS Date: | Vaccine Name: | VIS Date: |
|---|---|---|---|
| ☐ DTaP *(less than 7 yrs old)* | _____ | ☐ Hepatitis B | _____ |
| ☐ Tdap *(7 yrs or older)* | _____ | ☐ Hib | _____ |
| ☐ Td | _____ | ☐ Rotavirus | _____ |
| ☐ Meningococcal ACWY | _____ | ☐ Pneumococcal (PCV) | _____ |
| ☐ Meningococcal B | _____ | ☐ Pneumococcal (PPSV23) | _____ |
| ☐ MMR | _____ | ☐ Polio (IPV) | _____ |
| ☐ Varicella | _____ | ☐ HPV | _____ |
| ☐ Hepatitis A | _____ | ☐ MPOX | _____ |
| ☐ RSV (Monoclonal Antibody) | _____ | ☐ Influenza | _____ |
| ☐ RSV Vaccine (Adults) | _____ | ☐ Influenza (LIVE) | _____ |
| ☐ Yellow Fever | _____ | ☐ Shingles | _____ |
| ☐ COVID-19 | _____ | ☐ Other *(specify below)*: | |
| ☐ Dengue | _____ | _____ | _____ |

I have read (or had read to me) information about the vaccine(s) marked above. I have been given the Vaccine Information Statement(s) (VIS) for the vaccine(s). I had a chance to ask questions which were answered to my satisfaction. I understand the benefits and risks of the vaccine(s) to be administered. I consent to the administration of the vaccine(s) marked above and to the sharing of the immunization record with facilities or institutions required by law to have such records and with the authorized health care provider(s) for myself or for the person named above for whom I am authorized to make decisions.

**Signature of Patient/Other Authorized Person:** _____ **Date:** _____

**Administering Provider Name/Title:** _____ **Date:** _____

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| ☐ Meningococcal B | _____ | ☐ Pneumococcal (PPSV23) | _____ |
| ☐ MMR | _____ | ☐ Polio (IPV) | _____ |
| ☐ Varicella | _____ | ☐ HPV | _____ |
| ☐ Hepatitis A | _____ | ☐ MPOX | _____ |
| ☐ RSV (Monoclonal Antibody) | _____ | ☐ Influenza | _____ |
| ☐ RSV Vaccine (Adults) | _____ | ☐ Influenza (LIVE) | _____ |
| ☐ Yellow Fever | _____ | ☐ Shingles | _____ |
| ☐ COVID-19 | _____ | ☐ Other *(specify below)*: | |
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