PHYSICIANS QUALITY CARE
ACUTE ILLNESS AND INJURY

Immunization Consent Form

Patient Receiving Vaccine:

NAME **DATE OF BIRTH** **AGE**

Please circle your response

1. Do you have ANY food or drug allergies (including eggs, gelatin, neomycin)? If yes, please list: _____ YES NO
2. Are you currently taking an antibiotic for infection? If yes, please list medication and diagnosis: _____ YES NO
3. Do you currently have a fever or feel ill? YES NO
4. Have you ever had Guillain-Barre Syndrome? YES NO
5. Have you ever had Hepatitis B? YES NO
6. Have you been diagnosed with HIV? YES NO
7. Have you received any other vaccinations in the past 14 days? If yes, please explain:_____ YES NO
8. Have you ever had a severe reaction to a previous vaccination? If yes, please explain: _____ YES NO

I hereby certify that the foregoing history is true and complete to the best of my knowledge, and I request the following vaccine: _____. I have been provided with information regarding the vaccine I am to receive, understand the benefits and risks of the vaccine, and request that it be given to me. I have been provided the opportunity to receive a copy of the "Notice of Privacy Practices" that explains when, where, and why my confidential health information may be used or shared. I acknowledge that Physicians Quality Care (PQC), the physicians, nurses, and PQC staff may use and share my confidential health information with others to treat me, in order to arrange for payment of my bill and for issues that concern PQC's operations and responsibilities.

SIGNATURE **DATE**

If person receiving the vaccine is under 18 years of age

PARENT OR GUARDIAN SIGNATURE **DATE**

CLINIC USE ONLY

Vaccine Administered (circle):

Hep A Hep B DTap HPV MMR MCV4 PPV Polio Td Tdap Varicella Zostavax

BRAND LOT # EXP. DATE

INJECTION SITE DATE PROVIDER

I certify that the patient and/or guardian was provided with the appropriate CDC vaccine information statement and given the opportunity to ask any questions prior to receiving his/her vaccination:

SIGNATURE DATE