

PED

RN, circle if the following optional vaccines were declined: Hep A, Rotavirus

VACCINE REQUEST FORM

(Check all that apply)

DTaP IPV Hepatitis B Hib Prevnar MMR Chickenpox Hepatitis A Rotavirus

I have viewed the Notice of Privacy Practices provided by the Mason County Health Department(HIPPA). I have received a copy/copies of the Vaccine Information Statement for each vaccine being requested. I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of the vaccine(s) and ask that the vaccine(s) be given to me or to the person named below for whom I am authorized to make this request.

Name: <i>Last</i>	<i>First</i>	<i>Middle Initial</i>	<i>Birthdate</i>	<i>Age</i>
Address: <i>Street</i>	<i>City</i>	<i>County</i>	<i>State</i>	<i>Zip</i>
Signature of person to receive vaccine or person authorized to make request (parent/guardian):				
X _____ Phone: _____ Date: _____				

FOR CLINIC USE ONLY

Circle Type	DTaP	IPV	Hep B	Hib	Prevnar
Mfgr.					
Lot #					
Dosage					
Site/Route					

VIS Version 5-17-07 7-20-2016 7-20-16 4-02-15 11-05-15
Given (check)

Circle Type	MMR	Varivax	Hep A	Rotavirus
Mfgr.				
Lot #				
Dosage				
Site/Route				

VIS Version 4-20-12 3-13-08 7-20-2016 4-15-15 Multiple Vac VIS 11-05-15
Given (check)

Clinic Site: Mason Co. H.D. Other/ _____

Comments: _____

Signature/title of Vaccine Administrator _____ Date: _____

Mason County Health Department
1002 E. Laurel Ave. Havana, IL 62644