AD RN please circle the following optional vaccines if declined: HPV, MCV4, Varicella

VACCINE REQUEST FORM

(Check all that apply)

___Tdap ___Td ___ Hepatitis B ___IPV ___MMR ___Hepatitis A ___MCV4 ___HPV ___Chickenpox ___Other

I have viewed the Notice of Privacy Practices provided by the Mason County Health Department. 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: Last	First	Middle Initial	Birthdate	Age
Address: Street		City	County	State	Zip
Signature of person to receive vaccine or person authorized to make request (parent/guardian):				
X_____ **Phone**:_____ **Date:**_____				

FOR CLINIC USE ONLY

Circle Type	Tdap	Td	Hep B	IPV	MMR
Mfgr.					
Lot #					
Dosage					
Site/Route					
VIS Version Given (check)	__2-24-15	__2-24-15	__7-20-16	__7-20-16	__4-20-12

Circle Type	Hep A	MCV4	HPV	Varivax	Other
Mfgr.					
Lot #					
Dosage					
Site/Route					
VIS Version	__7-20-16	__10-14-11	__4-15-15	__3-13-08	__- __-__ Date
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