**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 \_\_2-24-15 \_\_2-24-15 \_\_7-20-16 \_\_7-20-16 \_\_4-20-12

Given (check)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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