

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)	<input type="checkbox"/> 2-24-15	<input type="checkbox"/> 2-24-15	<input type="checkbox"/> 7-20-16	<input type="checkbox"/> 7-20-16	<input type="checkbox"/> 4-20-12

Circle Type	Hep A	MCV4	HPV	Varivax	Other
Mfgr.					
Lot #					
Dosage					
Site/Route					
VIS Version Given (check)	<input type="checkbox"/> 7-20-16	<input type="checkbox"/> 10-14-11	<input type="checkbox"/> 4-15-15	<input type="checkbox"/> 3-13-08	<input type="checkbox"/> - - - Date

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