



Consent for Vaccination Form

YOU MUST COMPLETE ALL QUESTIONS

Child's Name _____ / _____ / _____
LAST NAME FIRST MIDDLE

Date of Birth ____/____/____ Age _____ Gender Male Female

Child's Race White African American Asian Natl. Hawaiian, Pac Isl.
 Multi-racial Alaskan Native Other _____

Child's Hispanic Origin Hispanic Non-Hispanic Unknown

Child's Physician's Name _____ School Attended _____

Patient/Guardian _____ / _____ / _____
LAST NAME FIRST MIDDLE

Patient/Guardian _____ / _____ / _____
LAST NAME FIRST MIDDLE

Maiden Name of Child's Mother _____

Complete Mailing Address

STREET NUMBER AND NAME CITY STATE ZIP-CODE

Home Phone _____ Other Phone _____

DEMOGRAPHIC INFORMATION

1. There are _____ people in my household.

2. My current yearly income is

- below \$11,800 \$11,881-\$24,300 \$24,301 - \$36,450 \$36,451 - \$48,600
 \$48,601 - \$60,750 \$60,751 - \$72,900 over \$72,901

MEDICAL HISTORY

- Is the child sick today? No Yes
- Has the child had a fever in the last 24 hours? No Yes
- Does the child have allergies to any medications, vaccines, or foods - including eggs, or hypersensitivity to eggs, yeast? No Yes
- Does the child have a history of any serious illness - cancer, leukemia, AIDS, any immune system problem or suspected immunodeficiency disease? No Yes
- Does the child have asthma, reactive airway disease, or chronic disorder of the pulmonary or cardiovascular system? No Yes
- Has the child had the chickenpox disease? No Yes
- Is the child on any type of aspirin or salicylate therapy? No Yes
- Does the child now have or had any history of Guillan-Barre Syndrome (GBS)? No Yes
- Has the child received any vaccinations in the past four weeks? No Yes
- Is the child/teen pregnant or is there a chance she could become pregnant during the next month? No Yes