



HW-114-1

Patient's Name: \_\_\_\_\_

**OUTPATIENT CLINICS  
CONSENT FOR VACCINATION/VACCINE  
ADMINISTRATION RECORD**

DOB \_\_\_\_\_

I \_\_\_\_\_ have read or had explained to me the information about the diseases and the vaccine as  
(Person Authorized to Consent)

listed below. I have had the opportunity to ask questions which were answered to my satisfaction. I understand that I should remain in the waiting area for 15 minutes for observation in case there is an adverse reaction. I understand the benefits and risk of this vaccine and request it be given to

\_\_\_\_\_  
(Name of Patient)

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date/Time

**REFUSAL FOR VACCINATION/VACCINE ADMINISTRATION RECORD**

I \_\_\_\_\_ have read or had explained to me the information about the diseases and the vaccine

(Person Authorized to Consent)

as listed above. I have had the opportunity to ask questions which were answered to my satisfaction. I believe I understand the benefits and risk of this vaccine and request it not be given to

\_\_\_\_\_  
(Name of Patient)

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date/Time

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date/Time

**Vaccine Administration Record**

	Vaccine	VIS Date	Product (Manufacturer)	Lot#	Exp Date	Dosage	Site
	Anthrax	1/08/20					
	Chickenpox	8/15/19	Varivax (Merck)				
	Diphtheria, tetanus, and pertussis	4/01/20	DTaP AGE: (6weeks to 7yrs)				
	Haemophilus b Conjugate	10/30/19	ActHIB (Sanofi Pasteur)				
	Hepatitis A	7/28/20	Havrix (GSK)				
	Hepatitis B	8/15/19					
	Human Papillomavirus 9-valent	10/30/19	Gardasil 9 (Merck)				
	Influenza Inactivated	8/15/19					
	Japanese Encephalitis Vaccine	8/15/19					
	Measles, mumps, and rubella	8/15/19	M-M-R II (Merck)				
	Measles, mumps, rubella and Varicella	8/15/19	Proquad (Merck)				
	Meningococcal	8/15/19	Menomune/Menactra				
	Meningococcal group B	8/15/19	Bexsero (GSK)/Trumenba				
	Multi-vaccine VIS	4/01/20					
	Pneumococcal Polysaccharide (Adult)	10/30/19	Pneumovax (Merck)				
	Pneumococcal Conjugate	10/30/19	Prevnar (Wyeth)				
	Polio	10/30/19	IPOL (Sanofi Pasteur)				
	Rabies Vaccine	1/08/20	RabAvert (Novartis)				
	Rabies Immune Globulin (not vaccine)	11/4/99	HyperRAB S/D (Talecris)				
	Rotavirus	10/30/19	Merck				
	Shingles (Live)	10/30/19	Merck				
	Shingles (Recombinant)	10/30/19	GlaxoSmithKline				
	Smallpox	12/1/15					
	Tetanus, diphtheria, pertussis	4/01/20	Tdap AGE: (11-64yrs)				
	Td	4/01/20	Tetanus and Diphtheria				
	Typhoid	10/30/19					
	Yellow Fever	4/01/20	YF-VAX (Sanofi Pasteur)				
	Other:						
	Combo:						
	Combo:						
	Combo:						

Compare date on VIS to date in VIS Date column. If dates do not match, verify that you have the most current version.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

1CONS

\* 1CONS \*

Revision Date: 3/14, 8/14, 11/14, 4/15, 5/18, 8/15, 2/16, 4/16, 5/16, 7/16, 1/17, 5/17, 5/17, 10/17, 2/18, 3/18, 4/18, 5/18, 9/18, 11/18, 8/19, 11/19, 2/20, 3/20, 4/20