**VACCINATION ORDERS & CONSENT TO VACCINATE**

**VPCHC**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- |
| * **PROQUAD**(MMR/VARICELLA)\***4yr** |  | **VIS DATE (02/12/2018)** |
| * **DTaP** |  | **VIS DATE (08/24/2018)** |
| * **PENTACEL** (DTaP-IPV-HIB) |  | **VIS DATE (11/5/15) Multi-vaccine sheet** |
| * **GARDASIL** (HPV) |  | **VIS DATE (12/02/2016)** |
| * **HEPATITIS A** |  | **VIS DATE (07/20/2016)** |
| * **HEPATITIS B** |  | **VIS DATE (07/20/2016)** |
| * **HIB** |  | **VIS DATE (04/02/15)** |
| * **MMR** (MEASLES, MUMPS, RUBELLA) |  | **VIS DATE (02/12/2018)** |
| * **MENVEO or MENATRA** (MENINGOCOCCAL) |  | **VIS DATE (08/24/2018)** |
| * **MENINGOCOCCAL (MEN B)** (16-18) |  | **VIS DATE (08/09/16)** |
| * **KINRIX** (DTaP-IPV) **\*4-6 YRS OLD** |  | **VIS DATE (11/5/15) Multi-vaccine sheet** |
| * **PEDIARIX** (DTaP, IPV, HEP B) |  | **VIS DATE (11/5/15) Multi-vaccine sheet** |
| * **PREVNAR 13** (PCV-13) |  | **VIS DATE (11/5/15)** |
| * **PPV-PNEUMO-23** (PNEUMOCCAL POLYSACCHARIDE) |  | **VIS DATE (04/24/15)** |
| * **POLIO** |  | **VIS DATE (07/20/2016)** |
| * **ROTARIX** (ROTAVIRUS) **2 dose** |  | **VIS DATE (02/23/2018)** |
| * **ROTA TEQ** (ROTAVIRUS) **3 dose** |  | **VIS DATE (02/23/2018)** |
| * **ZOSTAVAX** (Live) Shingles |  | **VIS DATE (02/12/2018)** |
| * **SHINGRIX/ZOSTAVAX (**Recombinant) Shingles |  | **VIS DATE (02/12/2018)** |
| * **Tdap** (BOOTRIX, ADACEL) |  | **VIS DATE (02/24/15)** |
| * **Td** (TETANUS, DIPHTHERIA) |  | **VIS DATE (04/11/2017)** |
| * **VARICELLA** (if had disease, note in chart) |  | **VIS DATE (02/12/2018)** |

**ORDERED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_**

I have been given a copy and have read or had explained to me the information in the Vaccine Information Statements (VIS) for the disease(s) listed above. I have had the chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risk of the vaccine(s) listed above and ask that the vaccine be given to me or the person named above whom I am authorized to make this request. I agree to allow information about all vaccinations given to me or the person for whom I am authorized to consent to be released to school and or medical care providers and the CHIRP database to avoid the administration of unnecessary vaccination and to ascertain immunization status.

**PT/GUARDIAN SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**