Public Health
Seattle & King County

VACCINE DOCUMENTATION/CONSENT FORM

I have been offered a copy of the Vaccine Information Statement(s) (VIS) checked below. I have read or had explained to me, and understand the information in the VIS(s). I ask that the vaccine(s) checked below be given to me or to the person named below for whom I am authorized to make this request. I consent to inclusion of this immunization data in the Washington State Immunization Registry for myself or on behalf of the person named below.

☐ DTaP ☐ Flu ☐ Hep B ☐ HPV ☐ Meningococcal ☐ MMR ☐ Polio ☐ Tdap ☐ Varicella

_____ _____
Signature of Patient or Parent/Guardian Date

PATIENT INFORMATION				
Patient's Last Name **Patient's First Name**		**Phone Number**	**Age**	**Birth Date**
Street Address:	**City**	**State**	**Zip Code**	
Primary Care Physician Name (Optional): **Clinic Address and Phone Number** (Optional)		**School District**		

PATIENT ELIGIBILITY IF UNDER 18 YEARS OLD				
☐Native Am/Alaska Native	☐No health insurance	☐Underinsured*	☐Medicaid	☐Fully Insured

*Underinsured children: insurance does not cover immunizations.

SCREENING QUESTIONS		
1. Is the patient to be vaccinated currently sick or experiencing a high fever?	☐yes	☐no
2. Does the patient have allergies to medications, food, a vaccine component, or latex?	☐yes	☐no
3. Has the patient had a serious reaction to a vaccine in the past?	☐yes	☐no
4. Has the patient had a health problem with lung, heart, kidney or metabolic disease (e.g., diabetes), asthma, or a blood disorder? Is he/she on long-term aspirin therapy?	☐yes	☐no
5. Has the patient, a sibling, or a parent had a seizure; has the child had brain or other nervous system problems?	☐yes	☐no
6. Does the patient have cancer, leukemia, HIV/AIDS, or any other immune system problem?	☐yes	☐no
7. In the past 3 months, has the patient taken medications that weaken their immune system, such as cortisone, prednisone, other steroids, or anticancer drugs, or had radiation treatments?	☐yes	☐no
8. In the past year, has the patient received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug?	☐yes	☐no
9. Is the patient pregnant or is there a chance she could become pregnant during the next month?	☐yes	☐no
10. Has the patient received vaccinations in the past 4 weeks?	☐yes	☐no