

PEDIATRIC PERMISSION TO VACCINATE

I have read or had explained to me the information about the following checked vaccines. I received the vaccine information statement (VIS) I have had a chance to ask questions and they have been answered to my satisfaction. I understand the benefits and risks of the vaccines checked below and ask that they be given to me or to the person named below for whom I am authorized to make this request.

VACCINE TO BE GIVEN	VIS PUBLICATION DATE	LANGUAGE (If other than English)
<input type="checkbox"/> Hepatitis A		
<input type="checkbox"/> Hepatitis B		
<input type="checkbox"/> Human Papillomavirus (Gardasil)		
<input type="checkbox"/> Influenza-IIV (inactivated – intramuscular)		
<input type="checkbox"/> Measles, mumps, rubella (MMR)		
<input type="checkbox"/> Meningococcal conjugate- MCV4		
<input type="checkbox"/> Polio		
<input type="checkbox"/> Tetanus, diphtheria (Td)		
<input type="checkbox"/> Tetanus, Diphtheria, acellular Pertussis (Tdap)		
<input type="checkbox"/> Varicella (Chickenpox)		
<input type="checkbox"/> Tuberculosis (TB Test)		

Name of person to receive vaccine (print): _____ Age/DOB: _____

Signature (if minor, signature of parent or guardian): _____

Date Consent Signed: _____ Date Vaccine Given: _____

PATIENT VACCINE FOR CHILDREN (VFC) STATUS SCREENING FORM

Vaccines for Children (VFC) was established in 1993 to remove the barriers of cost and access to attaining childhood immunizations. The program is funded by the Centers for Disease Control and Prevention (CDC) and the State of Washington, and supplies vaccines to providers across the state. Almost 95% of public and private immunization providers in King County are currently enrolled. All children from birth up to the 19th birthday (hepatitis B up to the 20th birthday) are eligible to receive these vaccines

Form must be completed for every child under age 19 years. Form must be completed at each immunization visit. This form is kept for documentation purposes and must be kept on file as required by CDC guidelines. Responses do not dictate whether or not immunizations are given. We do not bill insurance at our office.

Patients VFC Status Is: (choose one)

- American Indian or Alaska Native
- WA State Medicaid (Healthy Options, fee for service)
- Underinsured (Insurance has limited or no coverage for vaccines)
- Private Health Insurance
- No Health Insurance