



4400 Teasley Lane, Denton, TX 76210
940-382-9898

- Tetanus, Diphtheria, Pertussis (Tdap) Polio Varicella (Chicken Pox)
 (Tdap is for 10 yrs. and older.)
 Tetanus and Diphtheria (Td) MMR Meningococcal
 (Td is for 7 yrs. and older.)
 Hepatitis A Hepatitis B Pneumonia

***I have read the Vaccine Information Statement for this vaccine and understand the risks and benefits associated with receiving it.**

Vaccine _____
 Lot # _____
 Expiration Date _____
 Injection Site _____ R/L

Vaccine _____
 Lot # _____
 Expiration Date _____
 Injection Site _____ R/L

Vaccine _____
 Lot # _____
 Expiration Date _____
 Injection Site _____ R/L

Patient's Last Name:	Patients' First Name:	Age:	Birth date:
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1. Is the person to be vaccinated currently sick or experiencing a high fever?	__yes __no
2. Has the person to be vaccinated had a serious reaction to a vaccine in the past?	__yes __no
3. Does the person to be vaccinated have any allergies that produce a severe (anaphylactic) reaction?	__yes __no
4. Has the person to be vaccinated had a seizure or other neurological problem?	__yes __no
5. Does the person to be vaccinated have any medical problems that make it hard for him/her to fight infection?	__yes __no
6. Does the person to be vaccinated have close, regular contact with someone with a weakened immune system?	__yes __no
7. Is the person taking cortisone, prednisone, other steroids, or anti-cancer drugs, or had x-ray treatments?	__yes __no
8. Has the person to be vaccinated received blood, plasma, or immune globulin in the past twelve months?	__yes __no
9. Is the person to be vaccinated pregnant or thinking of becoming pregnant within the next three months?	__yes __no

Signature of Patient or Guardian

Date

***By signing above, I am stating that I have read over the risks associated with the vaccine I am receiving.**

**As with any medical procedure, vaccination has some risks as well as substantial, proven benefits. Individuals react differently to vaccines, and there is no way to absolutely predict the reaction of a specific individual to a particular vaccine. Anyone who takes a vaccine should be fully informed about both the benefits and the risks of vaccination. Any questions or concerns should be discussed with a physician or other health care provider.