

## VACCINE DOCUMENTATION/CONSENT FORM

Student's Last Name	First Name	M.I.	Student's Date Of Birth / /	Student's Physician
Parent/Guardian's Last Name	First Name	M.I.	Student's Age	Student's Gender Male Female
Address				Parent/Guardian Phone Numbers
City				Home:
State				Cell:
Zip				Work:
Grade	Homeroom Teacher's Name	Insurance Co. _____ ID# _____	___ T-19 Medicaid ___ T-21-KanCare	___ Native Am/Alaska Native ___ None

### IMMUNIZATION SCREENING QUESTIONNAIRE

If the answer to any of the following questions is **yes**, please provide details on the back.

1. Is the person to be vaccinated currently sick or experiencing a high fever or had a fever within the last 24 hours?	yes no
2. Has the person had a serious reaction to any vaccine? If yes, Please explain:	yes no
3. Does the person have allergies? If yes, Please explain:	yes no
4. In the past 3 months, has the person taken medications that weaken their immune system (such as prednisone) or have any autoimmune disorder, cancer, leukemia, HIV/AIDS or any other immune system problem? If yes, Explain:	yes no
5. In the past year, has the person received a transfusion of blood or blood products such as plasma, or immune (gamma) globulin or an antiviral drug?	yes no
6. Has the person, a sibling, or a parent ever had a seizure; has the person had Guillain-Barré Syndrome? If yes, Please explain:	yes no
7. Is the person pregnant or is there a chance she could become pregnant during the next month?	yes no

This consent authorizes administration of all doses necessary to complete the series and is valid until September 30, 2020. Vaccines will be given at school. After giving consent, if you change your mind and do not want to complete the series, please call the Harper County Health Department at 620-842-5132.

I have been offered, whether accepted or not, a copy of the Vaccine Information Statement(s) (VIS) checked above. I have read, or have had explained to me, the information in the VIS. My questions have been answered satisfactorily, and I ask that the vaccine(s) checked above be given at school to me or to the person for whom I am authorized to make this request. This consent remains in effect until September 30, 2020. I consent to administration of all doses to complete the vaccine series and to inclusion of this immunization data in the Kansas Immunization Registry for myself or the person named below. I hereby authorize the release of any medical or other information necessary to process this claim by Harper County Health Department for direct payment and acknowledge any remaining unpaid balance will be the responsibility of the undersigned. I acknowledge that I have been offered, whether accepted or not, a copy of the Harper County Health Department's Notice of Privacy Practices with the effective date of October 18, 2017.

**Optional Immunizations.** Please mark each vaccine you consent to be given: \_\_\_HPV \_\_\_Meningitis B (2 Dose Series) \_\_\_Influenza (1 Dose)  
**Required Immunizations.** (these will be given if student is not up to date): •Tdap (1 Dose) •Meningitis ACWY (1-2 Dose Series)  
 •Hepatitis A (2 Dose Series)



\_\_\_\_\_  
Signature of Patient (if 18 or older) or Parent/Guardian

\_\_\_\_\_  
Date

#### FOR CLINICAL USE ONLY

Immunization Administration Record

Vaccine	Dose	Ext	Site	VIS Date	Manufacturer & Lot #	Exp. Date	Signature and Title of Vaccine Administrator	Date
HPV – Gardasil 9	0.5 mL 1	RT LT	Deltoid	12/2/2016 Declined	Merck -			
HPV – Gardasil 9	0.5 mL 2	RT LT	Deltoid	12/2/2016 Declined	Merck -			
HPV – Gardasil 9	0.5 mL 3	RT LT	Deltoid	12/2/2016 Declined	Merck -			
MCV4 – Menveo	0.5 mL 1	RT LT	Deltoid	3/31/2016 Declined	GSK -			
MCV4 – Menveo	0.5 mL 2	RT LT	Deltoid	3/31/2016 Declined	GSK -			
MENB – Bexsero	0.5 mL 1	RT LT	Deltoid	8/9/2016 Declined	GSK -			
MENB – Bexsero	0.5 mL 2	RT LT	Deltoid	8/9/2016 Declined	GSK -			
Tdap – Boostrix	0.5 mL 1	RT LT	Deltoid	2/24/2015 Declined	GSK -			
Influenza – IIV4	0.5 mL 1	RT LT	Deltoid Vastus Lat	8/7/2015 Declined	Sanofi -			
Hepatitis A – Havrix	0.5 mL 1	RT LT	Deltoid Vastus Lat	7/20/2016 Declined	GSK -			
Hepatitis A – Havrix	0.5 mL 2	RT LT	Deltoid Vastus Lat	7/20/2016 Declined	GSK -			