

Student's Name: First: _____ Last: _____ Date of Birth ____/____/____ School _____ Grade _____

- American Indian/Alaskan Native Medicaid Non-Insured Underinsured CHIP

I have read and understand the information contained on this form and believe I understand the benefits and risks of the vaccination(s). I request the identified vaccine(s) to be given to the person named above. To my knowledge, the student has no conditions that are contraindications for vaccination. I certify that the information I provided is true and accurate. I give permission to complete the series(s) as needed. I understand vaccine dates will be entered into USIIS (Utah Statewide Immunization Information System). If my child receives any vaccine(s) from another clinic after signing this consent form, it is my responsibility to contact the district nurse to avoid duplicating vaccine administration.

SIGNATURE _____ **Date** _____ **Phone #** _____ **Student #** _____

TETANUS, DIPHTHERIA, PERTUSSIS, (TD)(DtaP)(Tdap) Dosage 0.5 cc Route: IM

This student is/has:	#1	Mfg _____	Lot # _____	Rt/Lt Arm	Nurse _____	VIS _____	Date _____
NOT had a serious reaction following a prior dose	#2	Mfg _____	Lot# _____	Rt/Lf Arm	Nurse _____	VIS _____	Date _____
NOT moderately or severely ill with a fever	#3	Mfg _____	Lot# _____	Rt/Lf Arm	Nurse _____	VIS _____	Date _____
NOT taking immunosuppressants	#4	Mfg _____	Lot# _____	Rt/Lf Arm	Nurse _____	VIS _____	Date _____
NOT had encephalopathy within 7 days of a previous dose of DTaP							
NOT had an underlying unstable, evolving neurological disorder							

Dosage: 0.5cc Route: IM #5 /Bstr Mfg _____ Lot# _____ Rt/Lf Arm Nurse _____ VIS _____ Date _____

POLIO Dosage 0.5 cc Route: IM/SQ

This student is/has:	#1	Mfg _____	Lot # _____	Rt/Lt Arm	Nurse _____	VIS _____	Date _____
NOT had a serious reaction following a prior dose	#2	Mfg _____	Lot# _____	Rt/Lf Arm	Nurse _____	VIS _____	Date _____
NOT moderately or severely ill with a fever	#3	Mfg _____	Lot# _____	Rt/Lf Arm	Nurse _____	VIS _____	Date _____
NOT pregnant	#4	Mfg _____	Lot# _____	Rt/Lf Arm	Nurse _____	VIS _____	Date _____

MEASELES, MUMPS, RUBELLA (MMR) Dosage 0.5 cc Route: SQ

This student is/has:	#1	Mfg _____	Lot# _____	Rt/Lf Arm	Nurse _____	VIS _____	Date _____
NOT had a serious reaction following a prior dose	#2	Mfg _____	Lot# _____	Rt/Lf Arm	Nurse _____	VIS _____	Date _____
NOT moderately or severely ill with a fever							
NOT allergic to gelatin or neomycin							
NOT pregnant and not planning to be in the next 3 months							
NOT ill with an immune-suppressing disease/or taking medication							
NOT received gamma globulin in the past 3 months							
NOT have TB – untreated, active							
NOT received a recent administration of antibody-containing blood products							
NOT have thrombocytopenia/thrombocytopenic purpura							

HEPATITIS A Dosage 0.5 cc Route: IM

This student is/has:	#1	Mfg _____	Lot # _____	Rt/Lt Arm	Nurse _____	VIS _____	Date _____
NOT had a serious reaction following a prior dose	#2	Mfg _____	Lot# _____	Rt/Lf Arm	Nurse _____	VIS _____	Date _____
NOT moderately or severely ill with a fever							

HEPATITIS B Dosage 0.5 cc Route: IM

This student is/has:	#1	Mfg _____	Lot # _____	Rt/Lt Arm	Nurse _____	VIS _____	Date _____
NOT had a serious reaction following a prior dose	#2	Mfg _____	Lot# _____	Rt/Lf Arm	Nurse _____	VIS _____	Date _____
NOT moderately or severely ill with a fever	#3	Mfg _____	Lot# _____	Rt/Lf Arm	Nurse _____	VIS _____	Date _____
NOT breast feeding							
NOT allergic to yeast							

VARICELLA (CHICKEN POX) Dosage 0.5 cc Route: SQ ONLY ONE SHOT IS REQUIRED, BUT TWO ARE HIGHLY RECOMMENDED!

This student is/has:	#1	Mfg _____	Lot# _____	Rt/Lf Arm	Nurse _____	VIS _____	Date _____
NOT had a serious reaction following a prior dose	#2	Mfg _____	Lot# _____	Rt/Lf Arm	Nurse _____	VIS _____	Date _____
NOT moderately or severely ill with a fever							
NOT allergic to gelatin or neomycin							
NOT pregnant and not planning to be for one month after shot							
NOT taking immune-suppressing medication							
NOT have TB – untreated, active							
NOT received a recent administration of antibody-containing blood products							

INFLUENZA Dosage 0.25 cc Route: IM

This student is/has:	#1	Mfg _____	Lot # _____	Rt/Lt Arm	Nurse _____	VIS _____	Date _____
NOT had a serious reaction following a prior dose	#2	Mfg _____	Lot# _____	Rt/Lf Arm	Nurse _____	VIS _____	Date _____
NOT moderately or severely ill with a fever							
NOT allergic to eggs or egg products							
NOT ever been paralyzed by Guillain-Barre Syndrome							

MENINGITIS Dosage 0.5 cc Route: IM OPTIONAL, BUT MOST COLLEGES ARE REQUIRING THIS VACCINE FOR ENTRANCE.

This student is/has:	#1	Mfg _____	Lot # _____	Rt/Lt Arm	Nurse _____	VIS _____	Date _____
NOT had a serious reaction following a prior dose							
NOT moderately or severely ill with a fever							
NOT have a latex allergy							
NOT have any bleeding disorder or on anticoagulant therapy							

GARDASIL (HPV) Dosage 0.5 cc Route: IM OPTIONAL, BUT HIGHLY RECOMMENDED FOR BOYS AND GIRLS!

This student is/has:	#1	Mfg _____	Lot # _____	Rt/Lt Arm	Nurse _____	VIS _____	Date _____
NOT had a serious reaction following a prior dose	#2	Mfg _____	Lot # _____	Rt/Lt Arm	Nurse _____	VIS _____	Date _____
NOT moderately or severely ill with a fever of 100 or higher	#3	Mfg _____	Lot # _____	Rt/Lt Arm	Nurse _____	VIS _____	Date _____
NOT pregnant or nursing							
NOT taking immune-suppressing medications							