

Patient Name: \_\_\_\_\_

DOB \_\_\_\_\_

## AUTHORIZATION TO ADMINISTER VACCINES

I have been provided access to, and have read or have had explained to me, the Vaccine Information Sheet(s) checked below. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of the vaccines cited and ask that the vaccine(s) listed below be given to me or the person named above (for whom I am authorized to make this request).

## VACCINES AND VIS PUBLICATION DATES

- Multiple Vaccines DTaP, Hib, Hep B, Polio, PCV13.....10/15/21
- Rotavirus .....10/15/21
- Measles/Mumps/Rubella & Varicella MMRV .....08/06/21
- Hep A .....10/15/21
- Pneumococcal Conjugate PCV13 (Prevnar) .....02/24/22
- Pneumococcal polysaccharide vaccine (PPSV23) .....10/30/19
- Polio .....08/06/21
- DTaP.....08/06/21
- Tdap Tetanus, Diphtheria, Pertussis .....08/06/21
- Meningococcal .....08/06/21
- MenB (Meningococcal Strain B) .....08/06/21
- HPV9 - Gardasil 9 .....08/06/21
- Hep B.....10/15/21
- Hib Haemophilus Influenzae type b .....08/06/21
- Influenza - Inactivated .....08/06/21
- Influenza - LAIV (FluMist) .....08/06/21
- Measles/Mumps/Rubella MMR.....08/06/21
- Td Tetanus, Diphtheria .....08/06/21
- Varicella Chickenpox .....08/06/21

Date of Scheduled Immunization: \_\_\_\_\_

Parent/guardian Name (please write clearly): \_\_\_\_\_

Representative's Authority (e.g. "Parent", "legal guardian", etc.) \_\_\_\_\_

Parent/guardian Signature \_\_\_\_\_ Date of Signature: \_\_\_\_\_