Adult Immunization Consent Form SMG Novacare Medical

Name:	Phone:	DOB:

Screening
Form Completed By: Client ☐ Provider ☐ Legal Decision-Maker ☐
Are You Well Today: Yes ☐ No ☐ If No, Describe: _____
Do You Have Any Allergies: Yes ☐ No ☐ If Yes, Describe: _____
Do you have any health conditions that require regular visits to a doctor? Yes ☐ No ☐ If Yes, Describe: _____
Do you have any conditions that can suppress your immune system? Yes ☐ No ☐ If Yes, Describe: _____ Note: Tell the nurse or doctor if you are taking treatment, i.e., steroids, chemotherapy, radiotherapy, etc
Have you experienced a reaction to a vaccine in the past? Yes ☐ No ☐ If Yes, Describe: _____
Are you pregnant or considering becoming pregnant within one month? Yes ☐ No ☐ N/A ☐

Legal Decision Maker/Client Signature: _____

Date: _____

Note: Information about the immunizations you or your child(ren) receive may be recorded in the provincial immunization registry. This registry allows your health care providers to find out what immunizations you or your child(ren) have had or need to have. Information collected in the provincial immunization registry may be used to produce immunization records, or notify you or your doctor if a particular immunization has been missed. SMG Novacare Medical may use the information to monitor how well different vaccines work in preventing disease. The Personal Health Information Act protects your information. You can have your personal health information hidden from view from health care providers.

Following Section To Be Filled By Provider:

Verbal Consent:

The legal decision-maker has been made aware of the benefits and the risks of the vaccine(s) offered to the above person and consents for the identified person to be immunized on the following date: _____ The legal decision-maker has agreed to complete the Adult Immunization Consent Form provided to him/her and agreed to forward the completed form to this immunization provider.

Provider signature: _____ Date: _____

The Following Vaccine(s) Will Be Given:

☐ Td - Tetanus, Diphtheria	☐ Pneumococcal (Conjugate or Polysaccharides)
☐ MMR - Measles, Mumps, Rubella	☐ IPV - Inactivated Polio
☐ Hepatitis A	☐ Menigococcal - (Conjugate or Polysaccharides)
☐ Hepatitis B	☐ Varicella
☐ Hepatitis A & B	☐ Typhoid (Oral or Injectable)
☐ Influenza	☐ Tdap - Tetanus, Diphtheria, Pertussis

Other: _____