

Child Immunization Consent Form SMG Novacare Medical

All information collected on this form is strictly confidential and will become part of your medical record.

Child Name:	Birth Date:	Age:
Parent/Guardian Name:		Sex:

Screening
The following questions help us determine which vaccines your child may receive. If you answer "yes" to any question it does not necessarily mean your child should not receive a vaccine, it just means additional questions may be asked.86909
Is Your Child Sick Today: Yes No
Does your child have any of the following? If yes, please circle:
Asthma Leukemia Lung/heart/kidney disease HIV/AIDS Cancer Diabetes or other metabolic disease Blood disorder Liver disease Any other immune system disorders
Does your child have allergies to foods, medications, latex or had a serious reaction to past vaccines? Yes No
If yes, please describe: _____
Has the child, a sibling or a parent ever had a seizure or other nervous system problem? Yes No
In the past 3 months has your child taken prednisone/other steroids/anticancer drugs, or had radiation treatments? Yes No
In the past 3 months has your child received a blood transfusion or been given immune (gamma) globulin or an antiviral drug? Yes No
Has your child received any immunizations in the past 4 weeks? Yes No
If yes, please list: _____
Is your child/teen pregnant or is there a chance she could become pregnant in the next month? Yes No
If your child is a baby, have you ever been told he or she has had intussusception? Yes No

Your child is due for the following vaccines:

DTaP; TDaP (tetanus, diphtheria, pertussis)	Pneumococcal (Prevnar 13)
Haemophilus (ActHib)	Rotavirus (Rotateq)
IPV (Polio)	Combination Vaccines:
MMR (measles, mumps, rubella)	Kinrix (DTaP & polio)
Varicella (chickenpox)	Pediatrix (DTaP, hepatitis B, & polio)
Hepatitis A	Proquad (MMR & Varicella)
Hepatitis B	Pentacel (DTaP, IPV, Haemophilus)
Gardasil (HPV)	
Meningococcal (meningitis)	

I have read the Vaccine Information Sheet(s) and have had a chance to ask questions. The risks and benefits have been explained to me. My signature below indicates that I consent to the vaccine(s) to be given to me or the person named above for whom I am authorized to make this request. I give this consent without coercion or reservation.

Parent or Guardian Signature: _____ Provider Signature: _____

Date: _____