



6402 Louetta Road Suite 140
 Spring, Texas 77379
 281-251-8700

Vaccine Consent Form

1. I agree that the person named below will get the vaccine checked below.
2. I received or was offered a copy of the Vaccine Information Statement (VIS) for the vaccine listed below.
3. I know the risks of the disease this vaccine prevents.
4. I know the benefits and risks of the vaccine.
5. I have had a chance to ask questions about the disease the vaccine prevents, the vaccine, and how the vaccine is given.
6. I know that the person named below will have the vaccine put in his/ her body to prevent the disease this vaccine prevents.
7. I am an adult who can legally consent for the person named below to get the vaccine. I freely and voluntarily give my signed permission for this vaccine.

Privacy Notification- With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.texas.gov> for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003, and 559.004)

Privacy Notice: I acknowledge that I have received a copy of my immunizations provider's HIPAA Privacy Notice.

Information about person to receive vaccine (Please print)				
Name: Last	First	Middle Initial	Birthday:	Sex:
Address: Street	City:	County:	State: TX	Zip:
Signature of person to receive vaccine or person authorized to make the request (parent or guardian):				
x _____		Date: _____		
x _____		Date: _____		

Vaccine	Manufacturer	Lot Num	Injection Site	VIS Date
INFANRIX (DTAP) IM				08/06/2021
KINRIX (DTAP-IPV) IM				08/06/2021
PEDIARIX (DTAP-HepB-IPV) IM				08/06/2021 05/12/2023
HAVRIX (HepA) IM				10/15/2021
ENGERIX-B (HepB) IM				05/12/2023
HIBERIX (HIB) IM				08/06/2021
GARDASIL9 (HPV-9-VALENT) IM				08/06/2021
IPOL (IPV) SQ				08/06/2021
MENQUADFI (MCV4) IM				08/06/2021
MMR (MMR) SQ				08/06/2021
BEXSERO (MenB) IM				08/06/2021
PREVNAR 13 (PCV13) IM				05/12/2023
ROTARIX (ROTAVIRUS RV1) IM				10/15/2021
TENIVAC (TD) IM				08/06/2021
BOOSTRIX (TDAP) IM				08/06/2021
VARIVAX (VARICELLA) SQ				08/06/2021
PROQUAD (MMRV) SQ				08/06/2021
FLUZONE (FLU) IM				08/06/2021

Title of Vaccine Administrator: _____ Date/VIS Given: _____

Signature of Vaccine Administrator: _____