

433 Sand Shore Road • Hackettstown, NJ 07840 • Phone: 862-254-2299 • Fax: 862-254-2300 • www.victorymedicalclinic.com

VACCINATION CONSENT FORM

| I have read and understood information given by Victory Medical Clinic staff for this vaccination. |
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| Questions asked were answered to my satisfaction. |
| Complications and adverse effects of vaccination discussed to my understanding. |
| |
| Name: |
| |
| Signature: |
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| Date: |
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