



IMMUNIZATION CONSENT AND HISTORY

CLINIC NAME AND ADDRESS

Gasconade-Osage County Health Dept.
300 Schiller St
Hermann, MO 65041 573-486-3129

Form with fields for: LAST NAME, FIRST NAME, MI, ID #, DATE OF BIRTH, AGE, STREET ADDRESS, CITY, STATE, ZIP CODE, PHONE #, SEX (MALE/FEMALE), RACE (select all that apply), ETHNICITY, PARENT/GUARDIAN FULL NAME.

I have been given a copy and have read, or had explained to me, the information in the "Vaccine Information Statement(s)," where applicable, for the vaccine(s) indicated below. I have had a chance to ask questions and had them answered to my satisfaction. I understand the benefits and risks of the vaccine(s) requested and ask that the vaccine(s) currently due for which I have signed below be given to me or to the person named above for whom I am authorized pursuant to Section 431.058, RSMo to make this request.

Note: The vaccine for H1N1 has been declared a covered countermeasure under the Public Readiness and Emergency Preparedness Act (42 U.S.C. § 247d-6d).

This record will be kept according to clinic policies and H1N1 vaccine guidelines. The record will include when the vaccine was given the name of the company that made the vaccine, the vaccine's lot number, the signature and title of the person who gave the vaccine, and the clinic where the vaccine was given.

I consent to the information captured on this form to be entered into Missouri's immunization system. I understand that I may elect not to have my information entered into Missouri's Immunization System by selecting the check box below.

Table with 7 columns: Vaccine and Route (circle type given where applicable), M/D/Y Given, Injection Site, Vaccine Manufacturer, Lot Number, Date VIS Given and Explained, Signature of Vaccinator. Rows include H1N1 Influenza IM and Intranasal.

Comments section with a large text area for notes.

Patient or Parent/Guardian Consent

Consent section with fields for Date and Signature, and a checkbox for excluding information from the Missouri immunization registry.