

**NON-LIVE VACCINE SCREENING/CONSENT AND ADMINISTRATION**

**Do not use for Vaccines under EUA or Live Vaccines**

*All signatures must be obtained prior to administration.*

**SCREENING & CONSENT:** This section is to be completed by patient (or legal guardian).

**Answering “yes” to any question does not necessarily mean you should not be vaccinated.**

It just means additional questions may be asked.

	Yes	No	Don't know
I am feeling sick or feverish.			
I have had Guillain-Barre Syndrome within 6 weeks of a previous vaccination.			
I have had a serious reaction to a vaccine.			
I am allergic to a vaccine component, eggs, latex, or gelatin.			

*If yes, please list:*

**The above section is to be reviewed by a care team member. If “yes” or “don't know” to any question, stop and consult the provider.**

**Provider Consult Note:**

**Provider Initials:** \_\_\_\_\_

Your signature implies agreement with the following statements:

1. I have reviewed the “Vaccine Information Statement” from the CDC.
2. I have had the opportunity to ask questions that were answered to my satisfaction.
3. I understand the benefit of vaccination and the risk of infectious disease without vaccination.
4. I consent to the inclusion of this immunization data in the state immunization registry if required by state law.

I freely and voluntarily give my signed permission for this vaccine.

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Signature of Patient or Legal Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

**DOCUMENTATION:** This section to be completed by staff.

I attest to a match between provider's order, vaccine in hand, vaccine listed on this form, and patient information.

Verifier's Signature: \_\_\_\_\_

Verifier's Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Vaccine	Dose	Lot #	Manufacturer	Expiration Date	Administration Site	VIS Edition Date

Administrator's Signature: \_\_\_\_\_ Administrator's Title: \_\_\_\_\_

Administrator's Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

*VIS provided to the Patient or Legal Guardian on the date of vaccine administration.*