

CONSENT TO ADMINISTRATION OF VACCINES

I, _____ request that I/ _____ (patient's name)
be administered vaccine(s).

I fully understand the possible and probable dangers and consequences of my/patient receiving the vaccine(s) marked below. I nonetheless agree to assume any and all risks associated with the receipt of the vaccine(s). I release and agree to indemnify and hold harmless Dr. Narula for all injuries, damages and any untoward results from my/patient's receipt of the vaccine(s). I certify that I have read and fully understand all of the above and that I agree to be bound by each and every term. I have been provided a VIS sheet and a sheet with vaccine info/ tel # for adverse rxn

Pregnant? Yes No

Advised not to get pregnant for 3 months

Vaccine(s) to be given

Yellow Fever	Typhoid -injectable	Typhoid - oral	Hepatitis A
Hepatitis B	MMR	Gamma Globulin	TD
Tetanus Toxoid	PPD	Influenza	Rabies
Pneumococcal	JEV	Menomune	Varicella
Polio - injectable	Lyme		

Patient's Signature Date of Birth Age Today's date

Signature of authorized person Relationship Today's date

VIS
Hep. A / Hep. B / TD
Pol / Var / Inf / MMR
given _____
pub. _____