YUKON-KUSKOKWIM HEALTH CORPORATION
P.O. Box 528 • Bethel, Alaska 99559 • 907-543-6000

Bethel Regional High Health Center

Vaccine Consent and Screening Form

Dear Parent or Guardian of _____

Your child is due for the vaccines indicated below. A signed consent form is required prior to the administration of these vaccines. Please review the following instructions carefully.

1. Read the attached Vaccine Information Statement(s).
2. Complete the information on the form, answering the questions as indicated, and sign the back of this form in the parent/guardian information section.
3. Return this form to the BRHS Clinic even if your child will not receive the vaccine(s).

*For any questions call _____ at _____.

Vaccines Due:

- ☐ Seasonal Influenza
- ☐ Tdap (tetanus, diphtheria, pertussis)
- ☐ HPV9 (human papilloma virus)
- ☐ MCV4 (meningococcal)
- ☐ Other _____
- ☐ Hepatitis A
- ☐ Hepatitis B
- ☐ MMR (measles, mumps, rubella)
- ☐ Varicella (chicken pox)

Student Information:

First Name _____ Last Name _____ Date of Birth _____

Parent/guardian information:

Parent First Name _____ Parent Last Name _____ Phone #_____

☐ Yes, I give my permission for my child to receive the vaccines listed above. I have read the Vaccine Information Statement(s) and understand this consent will be valid for the dose recommended for the child's age and immunization history.

☐ No, I decline permission for my child to receive the vaccines listed above.

Parent/Guardian signature: _____ Printed Name: _____ Date: _____

Please answer the following questions about your child:	**Yes**	**No**
Has your child ever had a serious reaction to a vaccine?	☐	☐
If yes, please explain: _____		
Does your child have any allergies?	☐	☐
If yes, please list: _____		
Has your child ever had Guillain-Barré Syndrome (a type of temporary severe muscle weakness)?	☐	☐
Has your child had a seizure or been diagnosed with a brain or nervous system problem?	☐	☐
Does your child have cancer, leukemia, HIV/AIDS, or any other immune system problem?	☐	☐
During the past 3 months, has the client had steroid medication or treatment for cancer?	☐	☐
During the past year, has your child received blood products, immune globulin, or antiviral medication?	☐	☐
Has your child received any other vaccinations in the past 4 weeks?	☐	☐
Is your child pregnant, or is there a chance she could become pregnant in the next 4 weeks?	☐	☐

Is the child sick today? ☐ Yes ☐ No

Date vaccine administered: _____ Vaccinator's signature: _____

Injection Site: ☐ RDI ☐ LDI ☐ RAS ☐ LAS

VIS date: _____ Manufacturer/Lot#: _____

Unable to vaccinate this child for the following reason:

- ☐ Refused to receive vaccine
- ☐ Consent form not properly completed
- ☐ Did not come to vaccination site
- ☐ Precaution/Contraindication exists