



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
IMMUNIZATION CONSENT

LAST NAME	FIRST NAME	MI	SOCIAL SECURITY #	ID #	DATE OF BIRTH
STREET ADDRESS		CITY	STATE	ZIP CODE	PHONE #
RACE (select all that apply) <input type="checkbox"/> Amer Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American		ETHNICITY <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non Hispanic or Latino		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.

 SIGNATURE of person authorized to make the request

 Date

FOR CLINIC USE ONLY

CLINIC IDENTIFICATION	COX C.A.R.E. MOBILE 3525 S NATIONAL STE. 105 SPRINGFIELD, MO 65807	<input type="checkbox"/> Not VFC Eligible	<input type="checkbox"/> Medicaid <input type="checkbox"/> Uninsured	VFC Eligible <input type="checkbox"/> Amer Indian or Alaska Native <input type="checkbox"/> Underinsured (FQHC/RHC only)
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- DTaP Hib PCV7 (Prevnar) MMR Hep A Flu _____
 IPV Hep B MCV4 (Menactra) Varicella Tdap/Td _____ _____

VACCINE NAME	DOSE NUMBER GIVEN TODAY	VACCINE NAME	DOSE NUMBER GIVEN TODAY	VACCINE NAME	DOSE NUMBER GIVEN TODAY
VACCINE MANUFACTURER / LOT NUMBER / EXPIRATION DATE					
INJECTION SITE AND ROUTE					
VIS REVISION DATE		DATE VIS GIVEN		DATE VIS GIVEN	
VACCINE NAME					
DOSE NUMBER GIVEN TODAY					
VACCINE MANUFACTURER / LOT NUMBER / EXPIRATION DATE					
INJECTION SITE AND ROUTE					
VIS REVISION DATE		DATE VIS GIVEN		DATE VIS GIVEN	
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VACCINE MANUFACTURER / LOT NUMBER / EXPIRATION DATE					
INJECTION SITE AND ROUTE					
VIS REVISION DATE		DATE VIS GIVEN		DATE VIS GIVEN	

SIGNATURE and Title of Vaccine Administrator