

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES IMMUNIZATION CONSENT

LAST NAME			FIRST NAME		MI	SOCIA	AL SECURITY	Y#	ID#		DATE	E OF BIRTH
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STREET ADDRESS			CITY		STATE	ZIP CC	DDE		PHONE #		SEX D	MALE FEMALE
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RACE (select all that apply Amer Indian or Alaska		Native Hawaiian or Pecific Islander	r Other D Hispa	Y vanic or Latino	J	PAKEN	¶/GUAHUIA	N FULL NAM	E			
Asian Black or African Amer	ricen 🗀	☐ Non I										
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 or 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.												
	SIC	SNATURE of pers	son authorized to ma	ike the reques	it					Date		
				CLINIC U	JSE ON	1LY						,
CLINIC IDENTIFICATION		R.E. MOBILE							VFC Eligi	ble	MINISTER 1	***************************************
[3	3525 S NATIONAL STE.			□ Not \	□ Not VFC Elig		☐ Med	licaid	☐ Amer Indian or Alaska			lativa
		LD, MO 6580]	☐ Unin		☐ Undering			
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□ DTaP	□ нів	□ PCV7	(Prevnar)) MMR	Ē	□ н	ер А		Flu			_
□ IPV [□ НерВ	□ MCV4	4 (Menactra) D] Varicella	а [J Td	dap/Td		***************************************			versus.
ACCINE NAME	DOSE NUMB	BER GIVEN TODAY	VACCINE NAME	· Ε	DOSE NUME	BER GIV	EN TODAY	VACCINE N	AME	DOSE NUM	BER GIV	'EN TODAY
ACCINE MANUFACTURER / I	LOT NUMBER / EX	PIRATION DATE	VACCINE MANUFAC	TURER / LOT N	UMBER / EX	KPIRATIO	ON DATE	VACCINE M	IANUFACTURER/L	OT NUMBER	EXPIRAT	TON DATE
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ACCINE NAME	DOSE NUMBE	ER GIVEN TODAY	VACCINE NAME		OSE NUMB	IER GIVE	EN TODAY	VACCINE NA	₩E	DOSE NUME	ER GIVE	EN TODAY
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ACCINE NAME	DOSE NUMBE	ER GIVEN TODAY	VACCINE NAME	DC	OSE NUMBI	ER GIVE	YADOT N	VACCINE NA	WE	DOSE NUMB	ER GIVE	N TODAY
ACCINE MANUFACTURER / LC	OT NUMBER / EXP	IRATION DATE	VACCINE MANUFACT	URER / LOT NU	MBER / EXI	PIRATIO	IN DATE	VACCINE MA	NUFACTURER / LO)T NUMBER/E	XPIŘATI	ON DATE
JECTION SITE AND ROUTE	- TANK		INJECTION SITE AND	ROUTE				INJECTION S	ITE AND ROUTE	. 14271		
S REVISION DATE		DATE VIS GIVEN	VIS REVISION DATE		· · ·	DATE VI	IS GIVEN I	VIS REVISION	1 DATE		DATE V	IS GIVEN
IGNATURE and Title of Vaccin	ie Administrator			***************************************		····						