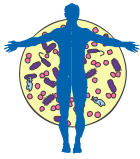




Educational
 Training with
AGEF

VACCINE CONSENT FORM



↓ Patient Label ↓

↓ Pregnant? ↓

NO

YES



Have you ever had a serious allergic reaction to any previous vaccinations?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you allergic to baker's yeast?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you currently have fever/high body temperature?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you feel healthy and fit?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you suffer from any diseases that affect the immune system?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you currently receiving treatment with drugs that affect the immune system (such as steroids)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have cancer, or are you undergoing cancer treatment with radiation or drugs?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

- | | | | |
|--|--|--|---------------------------------------|
| <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> Cholera | <input type="checkbox"/> Meningitis (ACWY) | <input type="checkbox"/> Influenza |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Tetanus + Diphtheria | <input type="checkbox"/> Poliomyelitis | <input type="checkbox"/> Yellow Fever |
| <input type="checkbox"/> Typhoid Fever | <input type="checkbox"/> Tetanus imm. globulin | <input type="checkbox"/> Rabies | <input type="checkbox"/> Other: |

I certify that I have read the above questions and answered all questions truly and completely to the best of my knowledge.

I have read and understood the information about the disease(s) and the vaccine(s). I have had a chance to ask questions that were answered to my satisfaction. I understand the benefits and risks of the vaccine(s) and ask that the vaccine(s) be given to me or to the person named above for whom I am authorized to make this request.

Signature of person to receive vaccine or
 person authorized to make the request
 (Parent or guardian):

Date:
 (dd-mm-yyyy)

Date vaccine administered:	↓ vaccine labels ↓	Site of Injection ↗
Vaccine Manufacturer:		
Vaccine Lot Number:		
Signature of vaccine administrator:		