



# HIGHLAND CLINIC

## The Workplace

### Request and Consent for Vaccination

I have been given and have read, or have had explained to me, the information in the “Vaccine Information Sheet” for each vaccine checked below. I have had a chance to ask questions and they were answered to my satisfaction. I understand the benefits and risks of each vaccine requested and ask that the vaccine(s) check below be given to me.

	Date of VIS		Date of VIS
<input type="checkbox"/> Adacel (Tdap)	_____	<input type="checkbox"/> Meningococcal Conjugate (MCV)	_____
<input type="checkbox"/> Hepatitis A	_____	<input type="checkbox"/> Pneumococcal Polysaccharide (PPV)	_____
<input type="checkbox"/> Hepatitis B	_____	<input type="checkbox"/> Rabies	_____
<input type="checkbox"/> Inactivated Poliovirus (IPV)	_____	<input type="checkbox"/> Tetanus/Diphtheria (Td)	_____
<input type="checkbox"/> Measles, Mumps, Rubella (MMR)	_____	<input type="checkbox"/> Tetanus Toxoid	_____
<input type="checkbox"/> Meningococcal Polysaccharide (MPV)	_____		

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

Date Given \_\_\_\_\_ Lot # \_\_\_\_\_ Exp Date \_\_\_\_\_ Site of administration \_\_\_\_\_

\_\_\_\_\_  
Signature of Employee Administering Vaccine