

# VACCINATION CONSENT FORM

New River Family Wellness, PLLC  
420 East Second Street, West Jefferson, NC 28694

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_ Gender: \_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Allergies: \_\_\_\_\_ Vaccine: \_\_\_\_\_

## Precautions and Contraindications

- Are you sick today?  Yes  No
- Do you have an allergy to medications, food, a vaccine component, or latex?  Yes  No
- Have you ever had a serious reaction after receiving a vaccination?  Yes  No
- Have you ever had a seizure, a brain or other nervous system problem including Guillan-Barre Syndrome?  Yes  No
- Do you have cancer, leukemia, HIV/AIDS, or any other immune system problem?  Yes  No
- Have you ever fainted or felt dizzy after receiving an immunization?  Yes  No
- Are you currently being treated for a long-term health problem such as heart disease, lung disease, asthma, kidney disease, metabolic disease (e.g. diabetes), anemia, or other blood disorder?  Yes  No
- Are you currently taking steroids or anti-cancer drugs, or have you had x-ray treatments?  Yes  No
- During the past year, have you received a transfusion of blood or blood products, or been given a medicine called immune (gamma) globulin?  Yes  No
- Have you had any vaccinations in the past 4 weeks?  Yes  No
- If yes, what vaccine? \_\_\_\_\_
- Are you allergic to eggs?  Yes  No
- Females Only: Are you pregnant or is there a chance you could become pregnant within the next month?  Yes  No

## Adverse Reactions

A vaccine, like any medicine, is capable of causing serious problems, such as severe allergic reactions. The risk of any vaccine causing serious harm, or death, is extremely small. Local symptoms may include: slight tenderness, redness, itching, or swelling at the site of the injection. Systemic symptoms may include: fever, malaise and muscle pain. Other systemic symptoms may occur infrequently. These reactions usually begin within 6 to 12 hours after immunization and can persist for a few days. Immediate presumable allergic reactions such as hives, angioedema, allergic asthma or systemic anaphylaxis occur rarely after immunization. These reactions may result from hypersensitive reactions in people with severe egg allergy, and such people should not be given certain vaccines that contain eggs. People with documented immunoglobulin E (IgE)-mediated hypersensitivities to eggs or any other vaccine component, including thimerosal, may also be at increased risk of reactions from immunizations.

In the case of a severe reaction such as a high fever, behavior changes or flu-like symptoms that occur after vaccination, see a doctor right away. Signs of an allergic reaction can include difficulty breathing, hoarseness, wheezing, hives, paleness, weakness, fast heartbeat, or dizziness within a few minutes to a few hours after the vaccination.

I have read the adverse reactions associated with the administration of vaccines. A copy of the vaccines manufacturer's drug information sheet is available on request. Furthermore, I have also had an opportunity to ask questions about the immunizations. I believe the benefits outweigh the risks and I voluntarily assume full responsibility for any reactions that may result from either my receipt of the immunization or the receipt of the immunization by the person named above for whom I am the legal guardian ('Ward'). My medical record and the medical record of my Ward may be shared with my physician or other healthcare providers. I am requesting that the immunization be given to me or my Ward I, for myself and on behalf of my Ward, and each of our respective heirs, executors, personal representatives, and assigns, hereby release New River Family Wellness, PLLC, and its affiliates, subsidiaries, divisions, director, contractors, agents and employees (collectively "Released Parties"), from any and all claims arising out of, in connection with or in any way related to my receipt and the receipt by my Ward of this immunization. Neither New River Family Wellness, PLLC nor any of the Released Parties shall, at any time or to any extent whatsoever, be liable, responsible or in any way accountable for any loss, injury, death, or damage suffered or sustained by any person at any time in connection with or as a result of this vaccine program or the administration of the vaccine described above.

New River Family Wellness, PLLC will use and disclose your personal and health information or the personal and health information of your Ward, to treat you or your Ward, to receive payment of the care we provide, and for other health care operations. Healthcare operations generally include those activities we perform to improve the quality of care. We have prepared a detailed NOTICE OF PRIVACY PRACTICES to help you better understand our policies in regard to you and your Ward's health information. I acknowledge that I have received a copy of the Notice of Privacy Practices.

Signature of patient/representative: \_\_\_\_\_ Date: \_\_\_\_\_

## Administrative Record

Date of Vaccine: \_\_\_\_\_ Lot Number: \_\_\_\_\_

Expiration: \_\_\_\_\_ Manufacturer: \_\_\_\_\_

Site of Injection: \_\_\_\_\_ Initials of person administering: \_\_\_\_\_