



Immunization Assessment and Promotion (IAP) Program

Vaccine Consent Form for Children Younger Than 19

Information About the Child Receiving the Vaccine

Contact and Demographic Information

First Name			MI	Last Name			DOB (MM/DD/YY)						
Age YR MO		Weight LB		Sex M F Other		Parent/Guardian First Name			Parent/Guardian Last Name				
Race Asian American Indian or Alaska Native Black or African American Native Hawaiian or Other Pacific Islander Other _____ Unknown White						Address							
						City				State		ZIP Code	
Ethnicity Not Hispanic or Latino Hispanic or Latino				Office Use Only <input type="checkbox"/> Mature Minor		Primary Phone (###) ###-####			Email				

Health Insurance Status

Required information. SRHD does not bill.

Uninsured	Underinsured	CHIP	Medicaid	Private Insurance	Alaska Native/American Indian
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Screening Questions

	YES	NO	DON'T KNOW
1. Is this child sick today? (fever above 101 °F)			
2. Does the child have allergies to any medications, food, a vaccine component, or latex? (anaphylactic reaction, hives, swelling, respiratory distress, wheezing)			
3. Has this child ever had a serious reaction after receiving a vaccine?			
4. Does this child have any of the following: a long-term health problem with heart (including pericarditis or myocarditis), lung, kidney, or metabolic disease (diabetes), asthma, a blood disorder (including taking blood thinners), no spleen, complement component deficiency, Multisystem Inflammatory Syndrome (MIS-C or MIS-A) a cochlear implant, or a spinal fluid leak?			
5. Does this child currently smoke, vape, or use marijuana products?			
6. Does this child have cancer, leukemia, HIV, or any other immune system problem?			
7. Does this child have a close family member with an immune system problem?			
8. In the past six months, has this child taken medications that affect their immune system such as prednisone or other steroids; anticancer drugs; drugs for the treatment of rheumatoid arthritis, Crohn's disease, or psoriasis; or have you had radiation treatments?			
9. In the past year, has this child received immune (gamma) globulin, blood or blood products, or an antiviral drug?			
10. Has this child received any vaccinations in the past four weeks? If so, which one(s)?			
11. Does this child have any physical, developmental, or behavioral limitations? If yes, and to provide additional support if needed, what limitation(s)?			
12. Has this child had a seizure or a brain or other nervous system problem?			
13. For females: Is this child pregnant, or is there a chance they could become pregnant during the next month?			
14. Please rate this child's anxiety about the vaccination process. No anxiety Somewhat anxious Anxious Very anxious			

Office Use Only

Medical Screener Initials	Immunization record in IIS?	Yes	No
	Required VIS offered (please circle)	Yes	No

Consent

I have read or have had explained to me the above information and received a copy of the Vaccine Information Statement and understand Spokane Regional Health District's (SRHD) Privacy Policy. I have had a chance to ask questions, which were answered to my satisfaction. I consent to the inclusion of this data in the Washington State Immunization Information (IIS) Registry. I believe I understand the benefits and risks of the vaccines checked on page two and request that the vaccine be given to me, or the person named for whom I am authorized to make this request. Also, by signing this consent, I give permission for myself (and any of my children, if applicable) to be filmed or photographed during the immunization clinic today.

Parent/Guardian Signature

Date

Parent or guardian consent obtained by phone? ☐ Yes

Staff Initials

a.m./p.m.





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Office Use Only Child Vaccines

Screener Recommendation

Antigen/VIS Publication Date				
<input type="checkbox"/> COVID-19 / 01.31.25 [‡]	<input type="checkbox"/> DTaP / 08.06.21	<input type="checkbox"/> Hep A / 01.31.25	<input type="checkbox"/> MenB / 01.31.25	<input type="checkbox"/> Hib / 08.06.21
<input type="checkbox"/> HPV 9 / 08.06.21	<input type="checkbox"/> Tdap / 01.31.25	<input type="checkbox"/> Hep B / 01.31.25	<input type="checkbox"/> RSV antibody IIS* / 09.25.23	<input type="checkbox"/> MMR / 01.31.25
<input type="checkbox"/> PCV / 05.29.25	<input type="checkbox"/> Polio / 01.31.25	<input type="checkbox"/> MenACWY / 01.31.25	<input type="checkbox"/> RSV vaccine** / 01.31.25	<input type="checkbox"/> Influenza / 01.31.25
<input type="checkbox"/> Varicella / 01.31.25				

Vaccines Administered

Vaccine	Ages	Trade Name	Manufacturer	Lot#	Exp. Date	Site Administered				Route
						PLEASE WRITE CLEARLY.				PLEASE CIRCLE.
COVID-19 EUA	6 mo-11 yr	Spikevax	Moderna			LA	RA	LT	RT	IM
COVID-19	12-18 yr	Spikevax	Moderna			LA	RA	LT	RT	IM
DTaP	6 wk-6 yr	Infanrix	GSK			LA	RA	LT	RT	IM
DTaP/IPV	4-6 yr	Kinrix	GSK			LA	RA	LT	RT	IM
DTaP/Hep B IPV	6 wk-6 yr	Pediarix	GSK			LA	RA	LT	RT	IM
DTaP/Hep B/HIB/IPV	6 wk-4 yr	Vaxelis	Sanofi			LA	RA	LT	RT	IM
Hep A	12 mo-18 yr	Vaqta	Merck			LA	RA	LT	RT	IM
Hep B	0-18 yr	Engerix	GSK			LA	RA	LT	RT	IM
Hib	6 wk-4 yr	PedVaxHib	Merck			LA	RA	LT	RT	IM
HPV9	9-18 yr	Gardasil	Merck			LA	RA	LT	RT	IM
Influenza injectable	6 mo-18 yr					LA	RA	LT	RT	IM
MenACWY	2-18 yr	MenQuadfi	Sanofi			LA	RA	LT	RT	IM
MenABCWY	10-18 yr	Penbraya	Pfizer			LA	RA	LT	RT	IM
MenB	16-18 yr	Trumenba	Pfizer			LA	RA	LT	RT	IM
MMR	12 mo-18 yr	MMR II	Merck			LA	RA	LT	RT	SQ / IM
MMR/V	12 mo-12 yr	ProQuad	Merck			LA	RA	LT	RT	SQ / IM
Polio	2 mo-18 yr	IPOL/IPV	Sanofi			LA	RA	LT	RT	IM
PCV-15	2 mo-5 yr	Vaxneuvance	Merck			LA	RA	LT	RT	IM
RSV antibody*	0-19 mo	Beyfortus	Sanofi			LA	RA	LT	RT	IM
RSV vaccine**	11-18 yr	ABRYVO	Pfizer			LA	RA	LT	RT	IM
Tdap	7-18 yr	Boostrix	GSK			LA	RA	LT	RT	IM
Varicella	12 mo-18 yr	Varivax	Merck			LA	RA	LT	RT	SQ / IM
Influenza nasal	2-18 yr	Flumist	AstraZeneca			<input type="checkbox"/> nose				nasal

‡ EUA publication date for children 6 mo-11 yr is 08.31.2024. The VIS publication date for ages 12 and older is 01.31.2025.

*8-19 months for indicated health conditions

** For pregnant teens only

Vaccinator's Information

Name: _____	Credentials: _____
Please print your information clearly.	

