

# Immunization Consent Form

**Vaccines** can prevent many communicable diseases. It is recommended that you follow the immunization schedule that you can get from your local Public Health Services Office.

You/your child is now due for the following vaccine:

(Vaccine) \_\_\_\_\_ (# of Doses Required) \_\_\_\_\_

Please read and detach the Important Information sheet. It will tell you about the vaccine, the disease(s) it prevents, and the benefits, risks and side effects.

## Public Health Services

If you have any questions, please call your local Public Health Services office (see above) or your family doctor before you **sign and return all 3 copies of this Consent Form to the Public Health Nurse.**

**Print firmly with a ballpoint pen; you are making 3 copies.**

### STUDENT'S PERSONAL INFORMATION *to be completed by parent/guardian or student*

Student's Full Name: \_\_\_\_\_ Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code:

Home Phone: \_\_\_\_\_ Work or Alternate Phone: \_\_\_\_\_ Doctor's Name: \_\_\_\_\_

School Name: \_\_\_\_\_ Teacher's Name and Room Number: \_\_\_\_\_

**HEALTH CARD NUMBER:**     -     -     Date of Birth:         Sex:  M  F  
Year Month Day

Has this student ever had a serious reaction to a vaccine? Yes  No  If yes, explain \_\_\_\_\_

I have read the information sheet provided and understand the benefits, risks and side effects of the vaccine to be given. Check (✓) one.

**YES**  **I CONSENT** to the vaccine now due.

**NO**  **I DO NOT CONSENT**

If already vaccinated with the vaccine listed above, provide: Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian or Student)

### For Public Health Use Only: to be completed by the Public Health Nurse

**Vaccine Given:** \_\_\_\_\_ **Vaccine Trade Name:** \_\_\_\_\_

1st Dose: \_\_\_\_\_ Site: \_\_\_\_\_ Route: \_\_\_\_\_ Lot # \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

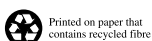
2nd Dose: \_\_\_\_\_ Site: \_\_\_\_\_ Route: \_\_\_\_\_ Lot # \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

3rd Dose: \_\_\_\_\_ Site: \_\_\_\_\_ Route: \_\_\_\_\_ Lot # \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Copy distribution: **GREEN** – PHS; **YELLOW** – Family Doctor; **PINK** – Parent/Guardian or Student



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Public Health Services



www.gov.ns.ca/dhw