

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:

Public Health Services

(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.

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: _____

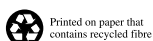
2nd Dose: _____ Site: _____ Route: _____ Lot # _____

Date: _____ Signature: _____

3rd Dose: _____ Site: _____ Route: _____ Lot # _____

Date: _____ Signature: _____

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



Printed on paper that contains recycled fibre

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Public Health Services



www.gov.ns.ca/dhw