

Vaccine Consent Form

Last Name: _____

First Name: _____

Date of Birth: _____ Gender: Male Female

Contact Phone Number: _____

Address: _____

Town/City: _____ Postal Code: _____

School: _____

Vaccines to be Given: 1. _____

2. _____

- I have read or had explained to me information about the above vaccine(s). I have had the chance to ask questions, which were answered to my satisfaction.
- I agree to be vaccinated with the above vaccine(s), or I agree as the parent/legal guardian of the individual named in this form that this individual be vaccinated with the above vaccine(s).

Signature Date

For more information, please contact a member of the Vaccine Preventable Disease Team by calling the Haldimand-Norfolk Health Unit at 519-426-6170 or 905-318-6623.

OFFICE USE ONLY

Panorama Nurses Signature: 1. _____
Nurses Signature: 2. _____

Vaccine	Dose	Route	Site	Date	Time	Lot #

Updated Feb. 2016

