



IMMUNIZATION CONSENT AND HISTORY

CLINIC NAME AND ADDRESS

Form with fields for LAST NAME, FIRST NAME, MI, ID #, DATE OF BIRTH, STREET ADDRESS, CITY, STATE, ZIP CODE, PHONE #, SEX (MALE/FEMALE), RACE, ETHNICITY, and PARENT/GUARDIAN FULL NAME.

I have been given a copy and have read, or had explained to me, the information in the "Vaccine Information Statement(s)," where applicable, for the vaccine(s) indicated below. I have had a chance to ask questions and had them answered to my satisfaction. I understand the benefits and risks of the vaccine(s) requested and ask that the vaccine(s) currently due for which I have signed below be given to me or to the person named above for whom I am authorized pursuant to Section 431.058, RSMo to make this request.

Note: The vaccine for H1N1 has been declared a covered countermeasure under the Public Readiness and Emergency Preparedness Act (42 U.S.C. § 247d-6d).

I understand that student immunization records are a legal requirement in each state for a student to attend a public school. Family Educational Rights and Privacy Act (FERPA) currently include the student's immunization record as part of his or her education record. This information is not always added to the Missouri immunization information system (IIS). Under current FERPA regulations, schools are not permitted to update Missouri's IIS system without individual consent. Such consent may be parental or from a child over 18 years of age. This restriction may result in over-immunization of students, increased administrative burdens, increased difficulty enrolling children into school, and the inability of public health to prevent vaccine-preventable diseases. Therefore, I confirm my consent to submit the information captured on this form to be entered into Missouri's immunization information system. I understand that I may elect not to have my information entered into Missouri's IIS by selecting the check box below.

Table with 7 columns: Vaccine and Route (circle type given where applicable), M/D/Y Given, Injection Site, Vaccine Manufacturer, Lot Number, Date VIS Given and Explained, Signature of Vaccinator. Rows include H1N1 Influenza IM and Intranasal.

Comments section with a large text area for notes.

Patient or Parent/Guardian Consent section with Date and Signature lines, and a checkbox for excluding information from the Missouri immunization registry.