Longview Clinic
3331 Washington Way
Longview, WA 98632
360.578.2527 voice
360.575.1460 fax
www.hwnw.org

HealthWorks Northwest

Chehalis Clinic
1595 N. National Ave #2
Chehalis, WA 98532
360.740.0444 voice
360.740.0704 fax
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IMMUNIZATION CONSENT & RECORD

I have read the information forms about Tetanus, Measles, Mumps, Rubella, Influenza, PPD Skin test, Hepatitis A and Hepatitis B. I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of Tetanus, Measles, Mumps, Rubella, Influenza, PPD Skin test Hepatitis A and Hepatitis B vaccines and request that the vaccines checked below be given to me or to the person named below for whom I am authorized to make this request.

Please answer the following questions:

Do you have any allergies?	Yes	No	Have you had a serious reaction to vaccine components?	Yes	No
Are you pregnant, or trying to become pregnant?	Yes	No	Are you allergic to eggs or feathers?	Yes	No
Are you nursing a baby at this time?	Yes	No	Have you had BCG vaccine or history of positive PPD test?	Yes	No
Are you allergic to thimerosoll?	Yes	No	Do you have any illness/infection/fever at this time?	Yes	No
Are you immuno-compromised?	Yes	No			

I consent to the following immunizations:

Tetanus Measles, Mumps, Rubella Hepatitis A Hepatitis B Influenza PPD Skin testing

_____ /____/_____
Last Name First Initial Birthdate

_____ _____
Signature Parent or guardian

VACCINATIONS

	Date	Route	Site	Amount	Lot #	Manufacturer.	VIS/date	Given by	PPD read date/ result
HBV #1									
HBV #2									
HBV #3									
HAV #1									
HAV #2									
Influenza									
MMR									
TD									
PPD date given									