



Adult Immunization Administration Record

Practice Name: _____	
Address: _____	
Patient Name: _____	Birth Date: _____ <input type="radio"/> M <input type="radio"/> F
Address: _____	City: _____ State: _____ Zip: _____

Parent, Guardian, or vaccine recipient - Please read and initial.

Initials	
	<p>Statement 1: I have read or have had explained to me the information contained in the Vaccine Information Statements (VISs) about the following disease(s) and vaccine(s): Diphtheria, Tetanus, Pertussis, Polio, Measles, Mumps, Rubella singly or in combination, Hepatitis A, Hepatitis B, Varicella, Pneumococcal, Meningococcal, Human Papilloma Virus, Herpes Zoster, and Influenza. I have had a chance to ask questions that were answered to my satisfaction. I understand the benefits and risks of the vaccine(s) and request that the vaccine(s) indicated on this form be given to me or the person named on this health record for who I am authorized to make this request.</p>
	<p>Statement 2: I agree to allow the health care provider giving vaccinations to release information about all vaccinations given to me, or to the person for whom I am authorized to consent, to the Arizona State Immunization Information System (ASIIS), other health care providers and schools in order to avoid receiving unnecessary vaccinations and to provide information about what immunizations have been received. I understand that I am not required to agree to the release of this information in order to receive the vaccinations I request.</p>
	<p>If I do not wish this record to be included in ASIIS, I have the option of crossing out the above boxed statement and initialing it.</p>

TB Test	Date Given	Provider Signature	Date Read	Result	TB Test	Date Given	Provider Signature	Date Read	Result

Important Websites:

Adult Immunization Schedule (English and Spanish): <http://www.cdc.gov/vaccines/schedules/hcp/adult.html>

Vaccine Information Statements (English & 32 other languages) <http://www.immunize.org/vis>

Screening forms:

(English)..... <http://www.immunize.org/clinic/screening-contraindications.asp>

(Spanish)..... <http://www.immunize.org/clinic/screening-contraindications.asp>

Travel Vaccines Information: <http://cdc.gov/travel>

