

# Women's Health Partners, LLC

Diplomates of the American Board of Obstetrics & Gynecology [www.myobgynoffice.com](http://www.myobgynoffice.com)

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## VACCINE CONSENT FORM AND ADMINISTRATION RECORD

Please check the box for the appropriate answer to the following questions: YES NO

Are you currently sick with anything other than a mild cold?  YES  NO

Have you ever had a serious allergic reaction to gelatin, neomycin, baker's yeast or any previous vaccine?  YES  NO

Do you have a disease that affects the immune system or are you taking cortisone, prednisone, other steroids, anti-cancer drugs or x-ray/radiation treatments for cancer?  YES  NO

Have you recently received blood, plasma or immune globulin?  YES  NO

Are you currently pregnant or breast feeding  YES  NO

**I have been given a copy and have read or have had explained to me, the information in the Vaccine Information Statement(s) for the vaccine(s) checked below. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of the vaccine(s) requested and ask that the vaccine(s) checked below be given to me.**

Hepatitis A  Hepatitis B  Hepatitis A/B (Twinrix)  Gardasil (HPV)  Pneumovax

Tetanus/Diphtheria (Td)  Tetanus/Diphtheria/Pertussis (Tdap)  Shingrix (Shingles)

Prevnar 13  RhoGAM  Other: \_\_\_\_\_

Lot#: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Account #: \_\_\_\_\_

Patient Name (Print): \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_