

VFC	
CHIP	1
PRIVATE	2. 1. 1. 2.

VACCI	NE DO	CUN	JENTATION	I/CONSI	NT FORI	VI .	2.35	
Patient's Last Name	First Na	me	Pho	ne Numbe	r	Ag	е	Date of Bird
Street Address	City			County		Sta	te	Zip Code
								•
		,	-				-	
		Pri	mary Care Phy	sician's Na	ame			anic or
Male Femal	е						Lati	no?
Bass (Salast and as mans)	Asian/Da	cific	Islandor		lawaiian			
Race: (Select one or more)			an American		Native Ame	ricar	/Δlac	ska Native
			exican/Puerto		lapanese	ilcai	i/ Ala.	ska ivative
	Chinese	11/11/10	exically racito		Other Non-	Whit	te	
	ilipino				Jnknown			
						_ 1		
Type of Coverage?				Y				3
□No health insurance □	Comm	ercia	l Insurance					
□Medicaid/KANCARE □	Native	Am/	Alaska Native					
If you have commercial insurar	ice, are i	mmı	unizations fully	covered?	Yes _	N	0	
Is the person to be vaccinated								
Has the person to be vaccinate								
Does the person to be vaccinat						tion	-	
Has the person to be vaccinate						aht		
Does the person to be vaccinat	ed nave	mea	icai problems	nat make	it hard to ii	gnt		
infection? Does this person have close co	ntact wit	th co	meone with a	waakanad	immune sv	cten	2	
Is the person taking cortisone,	nradnise	200	other steroids	or anti-car	cer drugs	or ha	ad l	
x-ray treatments?	predmse	,,,,	other steroids	or affer car	1001 01 050,	, ,,,		
Has the person received blood	plasma	or in	nmune globulii	n in the pa	st 12 montl	hs?		
Is the person to be vaccinated	pregnan	t or t	hinking of bec	oming pre	gnant withi	n the	e	
next three months?			0					2 47
☐ I consent to the 3-dose serie	es for the	*HP	V Vaccine.	7				
*HPV vaccine protects against can	cers caus	ed by			š.	8		
Second dose due			Third dose d	ue	Day/M	lonth		
Day/ Month I have been given a copy of the Vacci	ne Inform	ation	Statements. I hav	e read, had				lerstand the
information in these statements. I as	k that the	vacci	ne(s) be given to	me or to the	person for w	hom	I am a	authorized to m
this request. I consent to inclusion of the person named below. I also con-	this imm	unizat	ion data in the Ka	insas Immur	ization Regist	try fo	r myse	elt or on behalf v with school
the person named below. I also cons requirements.	sent to CH	CJEK	silating vaccine re	COIUS WILIIS	CHOOLS III OI UI		Compi	,
School Child Attends:								
٢								
Signature of Patient or Parent,	'Guardia	n	Date	CHC/SEK	Immunizati	ion P	rovio	ler Dat

	DOD	Date
Patient Name	DOB	Date

VACCINE TYPE	VACCINE BRAND	DOSE	EXT	SITE	ROUTE	VIS DATE	LOT# NDC#	DATE
DTaP	Infanrix	123	RT	Deltoid	IM			
		4 5	LT	Vastus Lat	Supple Supple	1.3-3-2-2-2	Commence of the Commence of th	
TDap Adacel	123	RT	Deltoid	IM	140 (S.V.	Brate Land		
and the steel of the steel	Boostrix	4 5 6	LT	Vastus Lat	960	120001	g stay and the	
DTAP/IPV Kinrix	4 5	RT	Deltoid	IM				
		LT	Vastus Lat					
DTaP/HepB/IPV Pediarix	123	RT	Deltoid	IM				
		LT	Vastus Lat				A SALA SALA	
Нер А	Havrix	123	RT	Deltoid	IM			
			LT	Vastus Lat				
Нер В	Engerix B	123	RT	Deltoid	IM			
			LT	Vastus Lat				
Hib	Pedvax	1 2 3	RT	Deltoid	IM			
		4	LT	Vastus Lat				
HPV	Gardasil	123	RT	Deltoid	IM	a Pantagan	123 end (7 for 6.24)	201100 1800
STATE OF THE STATE	Gardasil 9	R William	LT	Replicated	manda	g Abbill		
MCV4	Menactra	1 2	RT	Deltoid	IM	a decided		
	Menveo	6 - HG	LT			promit.		
MenB	Bexsero	1 2	RT	Deltoid	IM	onintia		
			LT					
MMR	MMR	1 2	RT	Upper	SQ		Supar	mastic equi
			LT	Arm	lia de	dimo II	Sometigens	
				Thigh	1 3 5 1 7 5 5 1			ATMINISTRA
MMR-V ProQua	ProQuad	1 2	RT	Upper	SQ	STATE	A DEPART	NO MODING WILL
			LT	Arm				
	24	32	U013V0	Thigh	Suau Emi	\$20,500	anten bisegar	13 BVCR (10)/ 1
PCV/13	Prevnar	123	RT	Deltoid	IM			
		4	LT	Vastus Lat	re dalay	dann.	leten ved of	recessed and a
Polio/IPV	EIPV	123	RT	Upper	SQ	H DER D	enor yed et al	oanog a du acia
I Siloy II V	17, 16 79	4	LT	Arm	His year		75V 10 2 1 1 1 1 1	the of the same
		nsidem	i lasin	Thigh	- Total 100 mm			
PPV23 PPV23	PPV23	1 2	RT	Deltoid	IM			
			LT	Vastus Lat	GERTEL TELL		on in the vaces is	2500
Rotavirus	RotaTeq	123	RT	By mouth	Oral			D Office
The Contraction of States		SHARLIST O	LT	30 8 71 791 3810	Entit 0	19615	o separation	
Varicella		Upper Arm	SQ	e fight	a como en Mat	FOR 101 BAT 3		
Tallecia Valleca			LT	Thigh			42.10	THE VOLK
Adult HepA Havrix	Havrix	1	RT	Deltoid	IM	Elegain.	hold havisasi ne	26 The Co. Co.
	od; ala	na deserge	LT	icoed to anisi	filt of	0.0000	13600381 80.0	instance all a
Adult HepA & B Twinri	Twinrix	1	RT	Deltoid	IM		¥2s, teac	M - S - 1 - 1 - 1 - 1 - 1
			LT	- Shirts	V91- a	nt tolk so		
Adult B Enge	Engerix	1	RT	Deltoid	IM	U ana		
			LT	as trace to the			S. R. C. L. S. T. C. S.	
Other	sizeo NA						planoM lysig	
and the	ration the amor	n sidiges :	ni bent	alend Lizhia ma	Hot noise	in otilari	Version version	e fame al event