

CONSENT TO IMMUNIZATION – PEDIATRIC

Patient Name: _____ Date: _____

MRN: _____ Date of Birth: _____

As a provider, Cigna Medical Group (CMG) is required by law to report immunizations to the Arizona State Immunization Information System (ASIS). Disclosures to schools and other entities are made by in response to the patient/parent's written authorization.

If you do not wish this record to be included in ASIS, check box and initial.

_____ (initial)

Check all immunizations given/authorized at today's visit (* See statements below for **MMR, Varicella and HPV**):

- DTaP Hep A Hep B HIB IPV 4
 Kinrix Menactra PCV-13 Pediarix Pentacel
 Rotavirus Tdap Other: _____

* "I am not currently pregnant and do not plan pregnancy in the next 4 weeks."

- MMR Varicella

* "I am not currently pregnant."

- HPV

Special Notes:

Signature of Vaccine Administrator

Date

"I have read or have had explained to me the information contained in the Vaccine Information Statements (VISs) for the above marked immunizations and about the following disease(s) and vaccine(s): Polio, Diphtheria, Tetanus, Pertussis, Measles, Mumps, Rubella singly or in combination, Haemophilus Influenza type b and Hepatitis A, Hepatitis B, Prevnar, HPV, Varicella, Meningococcus and Rotavirus. 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 whom I am authorized to make this request."

Signature of person to receive vaccine or person authorized to make request.

Date

Relationship to patient: _____