

Pediatric and Adolescent Medicine
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(Revised 6.1.2019)

VACCINE INFORMATION: We are a vaccinating office.

I have received the US Department of Health and Human Service vaccine handouts. **I understand and agree:**

1. That with all vaccinations there are certain benefits and risks and that these handouts help identify them.
2. To read these handouts in detail and bring up any risk factors identified in them to the physician.
3. To address any questions or concerns regarding the accompanying information **prior** to receiving the immunizations and allow the physician an opportunity to address any concerns.
4. That the physician will fully explain any unclear portions of the immunization handouts and answer any questions that I raise.
5. Not to discard these handouts and to review them **prior** to the routine immunizations as outlined in the enclosed schedule and **again** raise any new or old questions or concerns.
6. Unless otherwise stated **prior** to these immunizations being given, **to understand** the benefit and risks to the routine childhood immunizations and to have the physician administer these same immunizations as he/she feels are clinically indicated.

PATIENT'S NAME _____ **DATE OF BIRTH** _____

DATE _____ **FATHER** _____

WITNESS _____ **MOTHER** _____

LEGAL GUARDIAN _____