

[illegible]

Insurance Status: ☐ Medicare ☐ Medicaid Eligible ☐ No Health Insurance ☐ Insured, Vaccines **NOT** Covered
☒ Medicare Advantage ☐ Insured, Vaccines Covered ☐ American Indian or Alaskan Native

I have been given a copy and have read, or have had explained to me, the Vaccine Fact Sheet for recipients and caregivers. I have had a chance to ask questions that were answered to my satisfaction. I understand the benefits and risks of receiving a vaccine. I consent to receive the vaccine in a public location. I understand the benefits and risks of the vaccine requested and ask that the vaccine be given to me. I give permission to share my child's immunization records including those provided to school(s) with the Wisconsin Immunization Registry and my immunization provider for the purpose of maintaining a complete and accurate record to assist in assuring full immunization.

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Would you like a reminder/recall sent to you?

Minor (under age 18) receiving vaccine: **MUST** have consent from parent or legal guardian.

☐ Written ☐ Verbal

Vaccine	Route	Site Admin*	Dose Number	Manufacturer	Lot Number	VIS Date
COVID-19	IM	RV LV RD LD	1 2 3 4 5	Moderna (2024-2025)		3/31/2025
DTP/aP (Dtap)	IM	RV LV RD LD	1 2 3 4 5	Infanrix - GSK		8/6/2021
DTP/aP (Dtap-IPV)	IM	RV LV RD LD	1	Kinrix - GSK		8/6/2021
DTP/aP (Dtap-IPV-Hep B-HIB)	IM	RV LV RD LD	1 2 3	Vaxelis - GSK		8/6/2021
Hep A	IM	RV LV RD LD	1 2	Havrix - GSK		1/31/2025
Hep B	IM	RV LV RD LD	1 2 3	Recombivax - Merk		1/31/2025
Hib	IM	RV LV RD LD	1 2 3 4	ActHIB – Sanofi		8/6/2021
HPV	IM	RV LV RD LD	1 2 3	Gardasil 9- Merck		8/6/2021
Influenza	IM	RV LV RD LD	1 2	Fluzone or FluMist		1/31/2025
Meningococcal or Men B	IM	RV LV RD LD	1 2	MenQuadfi –Bexsero Sanofi Pasteur		1/31/2025
MMR	IM or SQ	RV LV RD LD	1 2	MMRii - Merck		1/31/2025
MMRV	IM or SQ	RV LV RD LD	1 2	ProQuad - Merck		1/31/2025
Pertussis/Tdap	IM	RV LV RD LD	1	Boostrix- GSK		1/31/2025
Pneumococcal (PCV 15)	IM	RV LV RD LD	1 2 3 4	Vaxneuvance- Merk		5/29/2025
Polio	IM or SQ	RV LV RD LD	1 2 3 4	IPOL- Sanofi Pasteur		1/31/2025
Rotavirus	Oral	Oral	1 2 3	RotaTeq- Merck		10/15/2021
RSV (Less than 11 Pounds) 50MG	IM	RV LV RD LD	1	Beyfortus- Sanofi Pasteur		9/25/2023
RSV (11 pounds or more) 100MG	IM	RV LV RD LD	1	Beyfortus- Sanofi Pasteur		9/25/2023
Varicella	IM or SQ	RV LV RD LD	1 2	Varivax - Merck		1/31/2025
COVID-19 ADULT	IM	RV LV RD LD	1 2 3 4 5	Spikevax (23-24)		1/31/2025
Hep A- ADULT - Private	IM	RV LV RD LD	1 2	Havrix- GSK		1/31/2025
HEP B- ADULT- Private	IM	RV LV RD LD	1 2 3	Engerix B - GSK		1/31/2025
Hep A- ADULT - VFA	IM	RV LV RD LD	1 2	Havrix - GSK		1/31/2025
HEP B – ADULT- VFA	IM	RV LV RD LD	1 2 3	Heplisav-B Dynavax		1/31/2025
HPV- ADULT - VFA	IM	RV LV RD LD	1 2 3	Gardasil 9- Merck		8/6/2021
Influenza- ADULT	IM	RV LV RD LD	1	FluLaval, Fluzone High Dose		1/31/2025
MMR- ADULT – VFA	SQ	RV LV RD LD	1 2	MMR- Merck		1/31/2025
TDAP- ADULT – VFA	IM	RV LV RD LD	1 2	Boostrix- GSK		1/31/2025

*RV = R Vastus Lateralis, LV = L Vastus Lateralis, RD = R Deltoid, LD = L Deltoid SQ=Subcutaneous

SIGNATURE/TITLE OF PERSON(S) ADMINISTERING VACCINE	Date Vaccine Administered	Date Vaccine Information Statements Presented
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