Advanced Care Rx

500 N Cass St

Berrien Springs, MI 49103

Consent for Vaccination

I will/have reviewed my answers to the questions above with the

and risks of the vaccine

review a Notice of Privacy Practice at the time of vaccination.

Signature of Parent/Guardian/Patient _____ Date _____

For Administrative Use Only

VIS Date:

Vaccine	Date Given	Route	Manufacturer	Lot No	Printed Name and Signature of vaccine Administrator