



Health and Wellness

# Health PEI

## Immunization Consent Form

Name: \_\_\_\_\_ Personal Health Number: \_\_\_\_\_ DOB: \_\_\_\_\_

Immunization can prevent many communicable diseases. It is recommended that you follow the immunization schedule you get from your local Public Health Nursing office.

According to the **PEI Immunization Schedule**, the following vaccine(s) are being **recommended** for your child today:

- DTaP-IPV-HB-Hib** Diphtheria, acellular Pertussis, Tetanus, Polio, Hepatitis B, and Haemophilus Influenza B
- DaPTP + HIB** Diphtheria, acellular Pertussis, Tetanus, Polio, and Haemophilus Influenza B
- DaPTP/Tdap-IPV** Diphtheria, acellular Pertussis, Tetanus, and Polio
- Pneumo 13** Pneumococcal Conjugate 13 valent
- Rotavirus** Rotavirus
- MMRV** Measles, Mumps, Rubella, and Varicella
- Men C** Meningococcal C Conjugate
- Influenza** Seasonal Influenza
- MMR:** Measles, Mumps, Rubella
- Varicella:** Varicella
- Tdap:** Tetanus, Diphtheria, acellular Pertussis
- Other:** \_\_\_\_\_
- Other:** \_\_\_\_\_

Check one of the following:

- YES – I DO** consent to the person named above receiving the vaccine(s) recommended.
- YES – I DO** consent to the person named above receiving the vaccine(s) recommended **except:**

\_\_\_\_\_  
*(please indicate which vaccine(s) you do **not** consent for the above named person to receive.*

- No- I DO NOT** consent to the named above receiving the vaccine(s) identified above.

I have read or have had the information sheets about the immunizations read to me and I understand the information about the immunizations my child is due to receive. The nature and anticipated effect of this immunization(s) including the risks and benefits have been explained to me, as well as the risks of not receiving the immunization(s). I am satisfied with these explanations and I understand them. I have had the opportunity to ask questions and have them answered.

Signature \_\_\_\_\_

Relationship \_\_\_\_\_

Date \_\_\_\_\_

Public Health Nurse \_\_\_\_\_

NOTE: This consent is considered valid for one year from the date of signature.