

**OKLAHOMA DEPARTMENT OF CORRECTIONS
Vaccine Administration Consent Form**

I have received the Vaccine Information Sheet (VIS) and/or have had the information explained to me about the following vaccine(s):

- Influenza Vaccine
- Hepatitis B Vaccine (3 shot series)
- Tetanus and Diphtheria Vaccine
- Pneumococcal Vaccine
- Other: _____

Please answer the following questions based on the vaccine(s) indicated above:	Yes	No
1. Have you previously received this vaccine(s)?		
2. Have you previously had a severe reaction to the vaccine(s) indicated above?		
3. Are you allergic to eggs?		
4. Are you allergic to thimerosal?		
5. Are you allergic to baker's yeast?		
6. Have you ever had Guillain-Barre Syndrome (GBS)		
7. Are you currently taking an antibiotic for infection?		
8. Do you feel ill today?		
9. Females: Are you pregnant?		
10. I hereby certify that the history is true and complete to the best of my knowledge.		

Indicate below whether you accept or decline the vaccine(s).

ACCEPT:

I have had a chance to ask questions that were answered to my satisfaction about the disease the vaccine prevents, the vaccine, and how the vaccine is to be given. I understand the benefits and risks of the vaccine(s) and authorize the healthcare worker to administer the vaccine(s).

Signature of the person to receive the vaccine(s)

Date

DECLINE:

I have had a chance to ask questions that were answered to my satisfaction about the disease the vaccine prevents, the vaccine, and how the vaccine is to be given. I understand the benefits and risks of the vaccine(s) and decline the vaccine(s) at this time. I understand I may retract my decision and receive the vaccine at a later date, although consequences due to the delay may result.

Signature of the person to receive the vaccine(s)

Date

Qualified Health Care Professional

Date

Inmate Name:
(Last, First)

DOC Number/SSN: