# Vaccine Consent Form

Date: _____

I hereby consent to receive the following vaccines:

◯ TDAP – Adacel Vaccine

◯ FLU – Influenza Vaccine

◯ Other: _____

(Please check vaccine(s) to be administered)

** PLEASE PROVIDE COPY OF YOUR INSURANCE CARD TO RECEPTIONIST

_____ _____

Print name Date of Birth

_____ _____

Signature Phone Number

_____

Address

_____ _____

Insurance Provider Policy ID#