

LACDPH MVT Vaccines for Children Screening & Consent Form



I have been offered a copy of the Vaccine Information Statement(s) (VIS). I have read, had explained to me, and understand the information in the VIS(s) or EUA (Digital copies can be found at: <https://www.cdc.gov/vaccines/hcp/vis/index.html>). I consent to inclusion of this immunization data in the California Immunization Registry for myself or on behalf of the named patient. I may refuse to allow the information to be further shared and can request the CAIR2 record be locked by visiting: <https://cairforms.cdph.ca.gov/SharingRequestForm/SharingRequestForm?SharingType=1&Language=En>.

I understand in California, minors who are 12 years old or older do not need their parent's consent to receive the Human Papillomavirus (HPV) or Hepatitis B vaccines. They still must have parental consent to receive all other vaccinations.

I consent to the vaccination provided for myself and/or my child(ren) by the LA County DPH Mobile Vaccination Team (MVT). I understand that by providing my voluntary consent, the minor patient can receive the vaccine(s) with or without a parent or guardian being physically present at the vaccination appointment. I consent to and authorize all medically necessary treatment in the rare event that the minor patient has a reaction to the vaccine, including but not limited to redness, swelling, tiredness, chills, fever, and other reactions.

Print Patient's Name (First, Last)

Print Parent's/Guardians Name (First, Last)

Signature of Patient or Parent/Guardian of Minor

Date