



SOUTH CAROLINA CONSENT FOR VACCINE ADMINISTRATION

This pharmacy is providing necessary vaccines to you in a safe and convenient setting in order to promote adherence to current immunization guidelines recommended by the CDC and ACIP. It does not take the place of an ongoing relationship with your primary care provider to address ongoing medical issues and other types of preventive care. We are providing your primary care provider with records of the vaccine(s) administered here so that your medical records may be complete, but be sure to take your personal record with you to your next appointment as well.

Please review the statement below confirming your consent for vaccination and provide the information requested.

I have read, or had explained to me, the Vaccine Information Statement for the _____ vaccine. I understand the risks and benefits, and have been provided an opportunity to ask questions, which have been answered to my satisfaction. I wish to receive the _____ vaccine and hereby give consent for

to administer the _____ vaccine and communicate the administration of the vaccine to my primary care practitioner, who is listed below.

Patient's name

Patient's date of birth

Patient's (or legal representative's) signature

Date

VIS Date

Patient's designated primary care practitioner