

Immunization Consent Form

Patient's Name: _____ Date of Birth: _____

Vaccine:

- Rotavirus
- Tetanus
- Diphtheria
- Whooping cough (Pertussis)
- Haemophilus influenza Type B (Hib)
- Poliomyelitis
- Hepatitis B
- Pneumococcal
- Meningococcal B (not yet a STIKO-Recommendation)
- Flu (Influenza) – For children with chronic illness
- FSME – Region Dependent (Travel Vaccine)
- Hepatitis A – Region Dependent (Travel Vaccine)
- _____
- Measles
- Mumps
- Rubella
- Chicken Pox (Varicella)
- Meningococcal C
- HPV (Human papilloma virus)

In conversation with Dr. Nico Derichs/Dr. Claudia Vandersee, and with the use of the written Parent Guidebook found in the Information Section of the Practice homepage, I was thoroughly informed about the above listed immunizations and was able to have all of my questions personally answered.

I give consent for my child to be given the currently STIKO-recommended vaccines marked above.

I consciously do not give consent for my child to be given the immunizations listed below. I was thoroughly informed about the disease patterns of these vaccine-preventable diseases, their possible consequences and lasting effects (up to and including death), and had sufficient opportunity for all my questions to be answered.

Name of Parent/Legal Guardian:

Date

Signature of Parent/Legal Guardian

Signature Dr. Derichs/Dr. Vandersee