

Texas Department of State Health Services
Addendum to Vaccine Information Sheet

1. I agree that the person name below will get the vaccine checked below.
2. I received or was offered a copy of the Vaccine Information Statement (VIS) for the vaccine(s) listed below.
3. I know the risks of the disease this vaccine prevents.
4. I know the benefits and risks of the vaccine.
5. I have had a chance to ask questions about the disease the vaccine prevents, the vaccine, and how the vaccine is given.
6. I know the person named below will have the vaccine put in his/her body to prevent the disease the vaccine prevents.
7. I am an adult who can legally consent for the person named below to get the vaccine(s). I freely and voluntarily give my signed permission for this vaccine.

Patient Name: _____ **Date of Birth:** _____ **Age:** _____

Patient MD: _____ **MD Phone:** _____

Patient is: (check one)

- Enrolled in Medicaid OR CHIP (Children's Health Insurance Plan)
 Uninsured OR Underinsured (has insurance that does not pay for vaccines or caps vaccine coverage)
 American Indian OR Alaskan Native

Vaccine(s) to be given to child 18 YEARS OR YOUNGER:

| | | |
|--|--|---|
| <input type="checkbox"/> MMR 99999-4681-00 (12 months+; Live); VISD 04/20/12 | <input type="checkbox"/> Varicella 99999-4827-00 (Chickenpox; 12 months+; Live); VISD 3/13/08 | <input type="checkbox"/> Flumist (2 - 49 years old; Live); VISD 08/07/15 |
| <input type="checkbox"/> Flu (influenza) shot (6 months+); VISD 8/07/15 | <input type="checkbox"/> Inactivated polio 99999-0860-10 (IPV; 6 weeks+); VISD 07/20/16 | <input type="checkbox"/> Hib 49281-9999-99 VISD 4/2/15 (H. influenza B; 2 months - 5 years) |
| <input type="checkbox"/> Hepatitis A 58160-0825-11 (Tx-vax) (Havrix; 12 month+; 0.5mL); VISD 07/20/16 | <input type="checkbox"/> Hepatitis B 00000-0820-00 (Engerix-B; from birth); VISD 07/20/16 | <input type="checkbox"/> HPV 00006-4119-01 (Gardasil-9; 9 to 26 years old); VISD 12/2/16 |
| <input type="checkbox"/> Rotovirus 00006-4047-99 (Rototeq; 6 weeks to 8 months); VISD 4/15/15 | <input type="checkbox"/> Pneumococcal 00005-1970-26 (PCV13; Prevnar; 6 weeks to 5 years); VISD 11/5/15 | <input type="checkbox"/> Pneumococcal (PPSV23; Pneumovax; 2 years+); VISD 4/24/15 |
| <input type="checkbox"/> DTaP 49281-0286-10 (diphtheria, tetanus, acellular pertussis; Daptacel; 6 weeks to 7 years); VISD 5/17/07 | <input type="checkbox"/> TDaP 99999-0400-10 (diphtheria, tetanus, acellular pertussis; Adacel; over 7 years); VISD 2/14/15 | <input type="checkbox"/> Meningococcal 99999-0589-05 (MCV4, Menactra; 6 weeks+); VISD 3/31/15 |
| <input type="checkbox"/> Meningococcal Serogroup B 00005-0100-10 (Trumenba; 10 to 25 years); VISD 8/9/16 | <input type="checkbox"/> Bexsero Meningococcal Serogroup B (10 to 25 years) 46028-0114-00/58160-0976-99; VISD 8/9/16 | |
| <input type="checkbox"/> Pentacel 49281-0510-05 (DTap + IPV + Hib; 6 weeks to 4 years) | <input type="checkbox"/> Pediarix 58160-0841-11 (Hep. B + DTap + IPV; 6 weeks to 6 years) | <input type="checkbox"/> ProQuad VISD 05/21/10 (MMR + Varicella; 1 to 12 years) |
| <input type="checkbox"/> Kinrix 58160-0812-11 (DTap + IPV; 4 to 6 years) | | |

Vaccine(s) to be given to ADULTS:

| | | |
|--|---|--|
| <input type="checkbox"/> MMR 00006-4681-00 (up to 60 years; Live); VISD 04/20/12 | <input type="checkbox"/> Varicella 00006-4827-00 (Chickenpox; 12 months+; Live); VISD 3/13/08 | <input type="checkbox"/> Shingles 00006-4963-41 (Zostavax; 60 years+; Live); VISD 10/06/09 |
|--|---|--|

| | | |
|---|---|--|
| <input type="checkbox"/> Flu shot (6 months+); VISD 8/07/15 | <input type="checkbox"/> High Dose Flu shot 49281-0401-65 (65 years+); VISD 8/07/15 | <input type="checkbox"/> Inactivated polio 99999-0860-10 (IPV; 6 weeks+); VISD 07/20/16 |
| <input type="checkbox"/> Hepatitis A; VISD 07/20/16 (Havrix; < 19 yrs: <u>0.5 mL</u>) 58160-0825-52 (Havrix; ≥ 19 yrs: <u>1 mL</u>) 58160-0826-11 | <input type="checkbox"/> Hepatitis B 58160-0821-11 (Recombivax; < 20 yrs: <u>0.5 mL</u>) (Recombivax; ≥ 20 yrs: <u>1 mL</u>); VISD 07/20/16 | <input type="checkbox"/> HPV 00006-4119-03 (Gardasil-9; 19 to 26 years old); VISD 12/2/16 |
| <input type="checkbox"/> TDaP 49281-0400-10 VISD 2/14/15 (Boostrix, Adacel-up to 64 years; every 10 yr) | <input type="checkbox"/> Meningococcal 49281-0589-05 (MCV4, Menactra; up to 55 years old); VISD 8/9/16 | <input type="checkbox"/> Meningococcal Serogroup B; VISD 8/9/16 (Trumenba; 10-25 years) 00005-0100-05 |
| <input type="checkbox"/> TB skin test (Tubersol) 49281-0752-21 | <input type="checkbox"/> Pneumococcal 00005-1971-05 (PCV13; Prevnar; 50 years+); VISD 11/5/15 | <input type="checkbox"/> Pneumococcal 00006-4837-02 (PPSV23; Pneumovax; 2 years+); VISD 4/24/15 |
| <input type="checkbox"/> Yellow fever 49281-0915-01 (9 months+); VISD 03/30/11 | <input type="checkbox"/> Typhoid oral capsule 69401-0000-01 (Vivotif; 6 years+); VISD 05/19/12 | <input type="checkbox"/> Typhoid injection 49281-0790-51 (Typhim; 2 years+); VISD 05/19/12 |

Privacy Notification - With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive the information upon request. You have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.tdh.state.tx.us> for more information on Privacy Notification. (Reference: Government code, Section 552.021, 552.023, 559.003, and 559.004)

Privacy Notice: I acknowledge that I have received a copy of my immunization provider's HIPAA Privacy Notice.
Texas Department of Health Services (Combined C-96, C-85, EC-87, C-90, C-92, C-106, C-97, C-95, C-108, C-91)