

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 that 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: _____ DOB: _____ 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 children 18 YEARS OR YOUNGER:

<input type="checkbox"/> MMR (12 months+ Live) <ul style="list-style-type: none"> • 2 doses <ul style="list-style-type: none"> ○ 1st at 12-15 months ○ 2nd at 4-6 years old 	<input type="checkbox"/> Varicella (Chickenpox; 12 months+; Live) <ul style="list-style-type: none"> • 2 doses <ul style="list-style-type: none"> ○ 1st at 12-15 months ○ 2nd at 4-6 years old 	<input type="checkbox"/> Flumist (2-49 years old; Live)
<input type="checkbox"/> Flu (influenza; 6 months+) <ul style="list-style-type: none"> • Annual vaccination 	<input type="checkbox"/> Inactivated polio (IPV; 6 weeks+) <ul style="list-style-type: none"> • 4 doses <ul style="list-style-type: none"> ○ 1st at 2 months ○ 2nd at 4 months ○ 3rd at 6-18months ○ 4th at 4-6 years old 	<input type="checkbox"/> Hib (H. influenza B) <ul style="list-style-type: none"> • 4 doses <ul style="list-style-type: none"> ○ 1st at 2 months ○ 2nd at 4 months ○ 3rd or 4th at 12-15 months
<input type="checkbox"/> Hepatitis A (Havrix; 12 months+: 0.5 mL) <ul style="list-style-type: none"> • 2 doses <ul style="list-style-type: none"> ○ 1st at 12 months ○ 2nd minimum 6 month interval 	<input type="checkbox"/> Hepatitis B (Energix-B; from birth) <ul style="list-style-type: none"> • 3 doses <ul style="list-style-type: none"> ○ 1st at birth ○ 2nd at 1-2 months ○ 3rd at 6-18 months 	<input type="checkbox"/> HPV (Gardasil-9; 9 to 26 years old) <ul style="list-style-type: none"> • Can start 1st dose at 9 years • 2nd at (Age 9-14 initial: 6-12 months after) (Age 15+ initial: 1-2 months after) • 3rd (Age 15+ initial: 6 months after 2nd dose)
<input type="checkbox"/> Rotovirus (Rototeq) <ul style="list-style-type: none"> • 3 doses <ul style="list-style-type: none"> ○ 1st at 2 months ○ 2nd at 4 months ○ 3rd at 6 months 	<input type="checkbox"/> Pneumococcal (PCV13; Prevnar) <ul style="list-style-type: none"> • 1st at 2 months • 2nd at 4 months • 3rd at 6 months • 4th at 12-15 months 	<input type="checkbox"/> Pneumococcal (PPSV23; Pneumovax; 2 years+) <p>See CDC Guidelines</p>

<input type="checkbox"/> DTaP (diphtheria, tetanus, acellular pertussis; Daptacel; 6 weeks to 7 years) <ul style="list-style-type: none"> • 1st at 2 months • 2nd at 4 months • 3rd at 6 months • 4th at 15-18 months • 5th at 4-6 years 	<input type="checkbox"/> TDaP (diphtheria, tetanus, acellular pertussis); Adacel; over 11 years) <ul style="list-style-type: none"> • Every 10 years 	<input type="checkbox"/> Meningococcal (MCV4, Menactra; <ul style="list-style-type: none"> • 1st at 11-12 years • 2nd at 16 years
<input type="checkbox"/> Meningococcal Serogroup B (Trumenba; 16 to 23 years) <ul style="list-style-type: none"> • 2 dose series at least 6 months apart 	<input type="checkbox"/> Bexsero Meningococcal Serogroup B (16 to 23 years) <ul style="list-style-type: none"> • 2 dose series at least 1 month apart 	<input type="checkbox"/> Pentacel (DTap + IPV + Hib; 6 weeks to 4 years)
<input type="checkbox"/> Pediarix (Hep. B + DTap + IPV; 6 weeks to 6 years)	<input type="checkbox"/> ProQuad (MMR + Varicella; 1 to 12 years)	<input type="checkbox"/> Kinrix (DTap + IPV; 4 to 6 years)

Vaccine(s) to be given to ADULTS

<input type="checkbox"/> MMR (up to 60 years; Live); <ul style="list-style-type: none"> • No immunity to MMR <ul style="list-style-type: none"> ○ 2 doses at 4 weeks apart 	<input type="checkbox"/> Varicella (Chickenpox; 12 months+; Live) <ul style="list-style-type: none"> • No immunity to varicella <ul style="list-style-type: none"> ○ 2 dose series 4-8 weeks apart 	<input type="checkbox"/> Shingles (Shingrix; 50 years+; Live) <ul style="list-style-type: none"> • 2 dose series 2-6 months apart
<input type="checkbox"/> Flu Shot <ul style="list-style-type: none"> • Annually 	High Dose Flu Shot (65+ years) <ul style="list-style-type: none"> • Annually 	<input type="checkbox"/> Inactivated Polio <ul style="list-style-type: none"> • (6 weeks+)
<input type="checkbox"/> Hepatitis A; (Havrix) <ul style="list-style-type: none"> • 2 dose series 6-12 months apart 	<input type="checkbox"/> Hepatitis B (Energix-B) <ul style="list-style-type: none"> • 0, 1, 6 months apart 	<input type="checkbox"/> HPV (Gardasil-9; 9 to 45 years old) <ul style="list-style-type: none"> • 2 or 3 dose series depending on age of initial vaccination. See above or CDC guidelines
<input type="checkbox"/> TDaP (Boostrix, Adacel) <ul style="list-style-type: none"> • Every 10 years 	<input type="checkbox"/> Meningococcal (MCV4, Menactra; up to 55 years old) <ul style="list-style-type: none"> • 1st year college student and military recruits- 1 dose (Menactra, Menveo) • See CDC for other indications 	<input type="checkbox"/> Meningococcal Serogroup B; Trumenba; 19-23 years) <ul style="list-style-type: none"> • MenB-4c- 2 doses 1 month apart • MenB-FHBP- 2 doses at 0 and 6 months
<input type="checkbox"/> TB Skin Test (Tubersol)	<input type="checkbox"/> Pneumococcal (PCV13; Prevnar; 65 years+) <ul style="list-style-type: none"> • 1 dose 	<input type="checkbox"/> Pneumococcal 00006-4837-02 (PPSV23; Pneumovax; 2 years+) <ul style="list-style-type: none"> • Administered 1 years after PCV13
<input type="checkbox"/> Yellow Fever (9 months+)	<input type="checkbox"/> Typhoid Oral Capsule (Vivotif; 6 years+)	<input type="checkbox"/> Typhoid injection (Typhim; 2 years+)

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)

I acknowledge that I have received a copy of my immunization provider's HIPPA 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)