



**Vermont Department of Health Immunization Screening & Consent Form**  
(To be used if parent/legal guardian will not be present at the time of the immunization)

Student/Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**Screening**

Please indicate below which medical insurance category best fits the student. All students are eligible to receive vaccine. Medical insurance information is required to be collected.

- \_\_\_\_ Medicaid
- \_\_\_\_ No Insurance
- \_\_\_\_ Private Insurance

1. Has the student had any serious reactions to a vaccine in the past? \_\_\_\_\_
2. Has the student ever had an allergic reaction to latex? \_\_\_\_\_
3. Has the student had an immunization/shot in the last 4 weeks? \_\_\_\_\_  
If so, what was it for? \_\_\_\_\_
4. The student is allergic to \_\_\_\_\_.

On the day of the clinic the student will be asked these same screening questions plus the following:

- Are you sick today?
- For females: Are you pregnant?

These screening questions help us determine if there is any reason the student should not be vaccinated.

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**Consent**

I have been given a copy of the Vaccine Information Statement (VIS) for the HPV vaccine and have read and understand the information contained in the VIS. I have been allowed to ask questions and I had all my questions answered. I will copy this consent form and/or request a copy by checking here \_\_\_\_\_ and agree to consent to have the child/student listed above receive the HPV vaccine.

Parent/Legal Guardian Signature \_\_\_\_\_

**\*If minor is in State custody, an authorized representative signature is required.**

Date Signed: \_\_\_\_\_

Parent/Legal Guardian's Name (please print) \_\_\_\_\_

Parent/Legal Guardian's Daytime Phone Number \_\_\_\_\_