

Tick Required Box

Vaccines required	PAID	FREE	LCC Funded	Office Use Only (DOSE-please circle)		
<input type="checkbox"/> Adacel® or Boostrix® (Diphtheria, Tetanus, Pertussis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3
<input type="checkbox"/> Avaxim® or Vaqta® (Adult Hepatitis A) (2 doses required – 6 months apart)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	
<input type="checkbox"/> EngerixB® or HB Vax II® (Adult Hepatitis B) (3 doses required @ 0, 1 & 6 months)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3
<input type="checkbox"/> Gardasil 9® (Human Papilloma Virus) (3 doses required @ 0, 2 & 6 months)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3
<input type="checkbox"/> Influenza) Brand: _____ (Multiple Brands Available – please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1		
<input type="checkbox"/> IPOL® (Inactivated Polio) (Primary course: 3 doses required 1 month apart)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3
<input type="checkbox"/> Menactra® or Menveo® (Meningococcal A,C,W,Y)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1		
<input type="checkbox"/> Pneumovax 23® (Pneumococcal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1		
<input type="checkbox"/> Priorix® or MMR II® (Measles, Mumps & Rubella) (Free if born after 1966) (2 doses required @ 1 month apart)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	
<input type="checkbox"/> Twinrix® (Adult Hepatitis A & B) (3 does required @ 0, 1 & 6 months)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3
<input type="checkbox"/> Varivax® or Varilrix® (Varicella) (2 doses required @ 1 month apart)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	
<input type="checkbox"/> Zostavax® (Shingles) (Free for those 70-79 years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1		

OTHER: _____

NOTES:

Office Use Only

The person being vaccinated:

- Was given the opportunity to discuss the risks and benefits of the vaccination. Yes

Nurse Name & Signature: _____ Date: _____