

Faculty Vaccine Consent Form

Full, Legal Name (First Name Middle Initial. Last Name) PLEASE PRINT				Name of School		
Address	Email Addr		ress	Birth Date (month / date / year)	Age	Sex
City		Zip Code		Home Phone #	Cell Phone #	ŧ
Insurance Company:			Member ID:	Group #:		
Policy Holder's Name: Policy Holder's Date			Policy Holder's Date of	Birth:		
The current health care laws require us to bill your insurance company for the vaccine. There will be no out of pocket expense for those insured.						
Vaccine(s) to be given:						
☐ FLU ☐ PCV13 ☐ PCV23 ☐ Tdap ☐ Shingrix ☐ Hep A ☐ Hep B						
IF YOU HAVE ANY HEALTH QUESTIONS, PLEASE CONTACT YOUR PRIMARY CARE PHYSICIAN OR CALL AURORA CONCEPTS AT 936-598-3296 TO SPEAK TO A NURSE						
I acknowledge that Aurora Concepts provided me and I have been afforded the opportunity to read the Notice of Privacy Practices and CDC Vaccine Information Statement for the vaccine(s) indicated on their website: www.auroraconcepts.net under the 'Patient Resources' tab.						
		. ,				
				·		
Printed Name		Signature		Date		
AREA FOR OFFICIAL USE ONLY FOR ADMINISTRATION						
		ANLA I ON OI I IOIAL OOL	ONET TOR ADMINISTRAT			
Clinic/Office Address:	Clinic/Office Address:	Clinic/Office Address:	Clinic/Office Address:	Clinic/Office Address:	Clinic/Office Address:	
Date VIS Given:	Date VIS Given:	Date VIS Given:	Date VIS Given:	Date VIS Given:	Date VIS Given:	
Vaccine Given:	Vaccine Given:	Vaccine Given:	Vaccine Given:	Vaccine Given:	Vaccine Given:	
Date Vaccine Administered:	Date Vaccine Administered:	Date Vaccine Administered:	Date Vaccine Administered:	Date Vaccine Administered:	Date Vaccine Administer	ed:
Vaccine Manufacturer:	Vaccine Manufacturer:	Vaccine Manufacturer:	Vaccine Manufacturer:	Vaccine Manufacturer:	Vaccine Manufacturer:	
Vaccine Lot Number:	Vaccine Lot Number:	Vaccine Lot Number:	Vaccine Manufacturer:	Vaccine Lot Number:	Vaccine Inditudacturer:	
Site of Administration:	Site of Administration:	Site of Administration:	Site of Administration:	Site of Administration:	Site of Administration:	
Signature of Vaccine Administrator:	Signature of Vaccine Administrator:	Signature of Vaccine Administrator:	Signature of Vaccine Administrator	Signature of Vaccine Administrator:	Signature of Vaccine Adn	ninistrator:
Title of Vaccine Administrator:	Title of Vaccine Administrator:	Title of Vaccine Administrator:	Title of Vaccine Administrator:	Title of Vaccine Administrator:	Title of Vaccine Administ	rator: