

Vaccination Consent

Patient Info

Last Name _____ First Name _____ Middle Initial _____

Alberta Health Care # _____

Full Permanent Address _____

Home Phone _____ Email _____

Work Phone _____ Fax _____

Cell _____

Date of Birth _____ / _____ / _____
Day Month Year

Weight _____ Kg Pounds

Country of Birth _____

Gender Female Male

Province Attended Grade School _____

Office Use: Vitals _____

Patient Details

MEDICAL HISTORY

Cardiovascular Disease _____

History of Anxiety or Depression _____

Neurological Disorders _____

Current illnesses _____

Current medication (prescription and over-the-counter) _____

Vaccination History (e.g. routine childhood immunizations, last tetanus vaccine, previous adverse reactions) _____

Allergies (e.g. antibiotics, eggs, latex, gelatin) _____

Pregnancy (now or planned) / Breastfeeding _____

Vaccination Recommendations: _____

I acknowledge that I have been properly and adequately informed of the risks and benefits of each of the vaccinations. I have chosen to **decline** the following vaccines:

I hereby release, Preventous Inc. operating as Preventous Collaborative Health, including its directors, employees and agents from any and all liability of any kind which may result because of my refusal to accept the vaccines named above. This release is also intended to include all claims of my family members, estate, heirs, personal representatives or assigns.

I HAVE READ CAREFULLY AND UNDERSTAND THIS LIABILITY RELEASE:

Patient Consent

Print Client/Parent/Guardian Name

Print Witness Name

Client/Parent/Guardian Signature

Witness Signature

Date

Date