

BEST KIDS CARE

Masoud Almasi M.D

Name: _____ DOB: _____ / _____ / _____

A copy of the CDC and Prevention Vaccine Information Statements has been provided to the person initializing for vaccine administration. I/We have read or have had explained the information about the disease and vaccines listed below. There was an opportunity to ask questions and any questions were answered satisfactory. I/ We understand the benefits and risks of the vaccine cited, and ask that the vaccine(s) listed below be given to the person named above, for whom I/We authorized to make this request.

IMMUNIZATION RECORD

VACCINE	DATE	AGE	SITE	MANUFACTURER/LOT #	EXP. DATE	GIVEN BY	VIS DATE
DTAP							
DTAP							
DTAP							
DTAP							
DTAP							
IVP							
IVP							
IVP							
IVP							
HIB							
HIB							
HIB							
HIB							
PVC13							
PVC13							
PVC13							
PVC13							
HEP A							
HEP A							
HEP B							
HEP B							
HEP B							
MMR							
MMR							
VZV							
VZV							
ADACEL							
MENACTRA							
ROTA							
ROTA							
ROTA							
HPV 1							
HPV 2							
HPV 3							
FLU							
FLU							
FLU							

PARENT SIGNATURE: _____

DR SIGNATURE: Almasi, MD