
**SOUTH FORSYTH FAMILY MEDICINE AND
PEDIATRICS**

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VACCINATION CONSENT FORM

Our providers administer vaccines according to The American Academy of Pediatrics and CDC recommendations. You will be given the most recent Vaccine Information Statements to read about each vaccine. You can ask questions prior to the administration of the vaccines. The following vaccines are available:

- *Diphtheria, Tetanus, Pertussis (DTap, Td, Tdap)*
- *Haemophilus Influenzae B (HiB)*
- *Polio (IPV)*
- *Hepatitis B*
- *Measles, Mumps, Rubella (MMR)*
- *Varicella (VZV)*
- *Pneumococcal Vaccine (PCV)*
- *Meningococcal Vaccine (MCV)*
- *Hepatitis A (HAV or Hep A)*
- *Influenza Vaccine*

I authorize office staff to give my child the above listed vaccines if recommended:

Child's name: _____ Date of Birth: _____

Guardian's name: _____

Guardian's signature: _____ Date: _____

PATIENT ELIGIBILITY SCREENING

For "Vaccines For Children" Program

Our providers participate in the "Vaccines For Children" (VFC) program. If you meet the requirements for this program we can provide your child's immunizations at a reduced fee. In order to determine eligibility, we must know if your child has insurance that pays for immunization. **Please check ONLY one(1) of the following:**

INELIGIBLE FOR STATE-SUPPLIED VACCINES

{ } The child has private insurance that pays for immunizations (fully covered)

ELIGIBLE FOR STATE-SUPPLIED VACCINES

{ } The child is enrolled in Medicaid

{ } The child is enrolled in Peachcare for Kids

{ } The child does not have health insurance (not insured)

{ } The child is American Indian or Alaskan Native

{ } The child has insurance that does NOT pay for immunizations (underinsured)

GUARDIAN SIGNATURE: _____