

Call for an Appointment Mon-Thurs 9am-12pm: English Hotline 480-728-2004 Masks are required for entrance. Please bring a ballpoint pen for personal use. Only the person needing vaccination and one adult will be permitted into the center. If you had any of these kinds of symptoms in the past 24 hours: Fever, body aches, fatigue, cough, sore throat, shortness of breath, headache, sudden loss of smell or taste, nausea or diarrhea , please delay your visit.

ADULT Immunization Registration

Please read and complete all highlighted areas on all 4 pages:

First Name:	Date of Birth:
Last Name:	Age:
Middle Name:	Gender/Sex:
Phone:	
Street Address:	City: Zip Code:

Check ALL That Apply:

- I **DO NOT** have health insurance (Uninsured)
- I have health insurance that **does NOT pay for** vaccines (Under insured)
- I have health insurance **that covers all vaccines.-- STOP and see receptionist.**

I agree to the health provider giving vaccinations to release information about all vaccinations given to me or the person for whom I am authorized to give consent to the Arizona State Immunization Information System (ASIIS) to provide information about what immunizations have been received. I understand that I am not required to agree to the release of this information in order to receive the vaccinations I request.

I acknowledge I have been offered a copy of the Patient Rights and Responsibilities that informs me how to file a grievance if I feel my rights have been compromised.

I acknowledge I have been given a copy and have read, or have had explained to me, the CDC “Vaccine Information Sheet” for the disease(s) and vaccine(s) to be given. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of the vaccine(s) requested and ask that the vaccine(s) checked be given to me. My initials will indicate my approval for the vaccines recommended to me on the vaccine administration form.

Signature:	Date:
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