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## VACCINE WAIVER FORM

*I request the following vaccinations:*

- |   |   |   |                                       |
|---|---|---|---------------------------------------|
| <input type="checkbox"/> Hepatitis A      | <input type="checkbox"/> Hepatitis B        | <input type="checkbox"/> Meningitis                   | <input type="checkbox"/> Pneumonia    |
| <input type="checkbox"/> Polio-injectable | <input type="checkbox"/> MMR                | <input type="checkbox"/> Tetanus/Diphtheria           | <input type="checkbox"/> Yellow Fever |
| <input type="checkbox"/> Typhoid-Oral     | <input type="checkbox"/> Typhoid-injectable | <input type="checkbox"/> Tetanus/Diphtheria/Pertussis | <input type="checkbox"/> Flu          |

**Note:** We do not give **Japanese Encephalitis** or **Rabies vaccine** or **malaria pills** without a **Physician appointment**.

**Please read and initial the following to indicate that you understand and agree with these statements:**

\_\_\_\_\_ I am at least 18 years of age and have independently determined that I require these vaccinations for travel.

\_\_\_\_\_ I have received and read the **CDC Vaccine Information Statement** for each vaccination requested, including the section(s) which tells who should **not** get the vaccine(s). I understand the risks and benefits of each vaccination requested and am unaware of any reason not to get the vaccine(s) and wish to proceed with vaccination.

\_\_\_\_\_ I have completed the **Screening Questionnaire for Adult Immunization**.

\_\_\_\_\_ I understand that the requested vaccinations may rarely result in unexpected severe side effects including permanent injury and/or death.

\_\_\_\_\_ I request the above vaccinations **WITHOUT** a travel medicine consultation. I can request, and be scheduled for, a travel medicine consultation at the next available time, if I so desire, especially if; I am not sure as to whether I should receive any vaccinations; if I may have a reason not to have a vaccination; if I do not clearly understand the risks of vaccination; or if any of my concerns are not fully addressed by the information that has been given to me. Common topics covered in the travel medicine consultation include: Need for new or updated vaccines (Tetanus, Polio, Meningitis, Rabies, Hepatitis A, Hepatitis B, Typhoid, Yellow Fever, Japanese Encephalitis, Cholera); Contraindications and risks of vaccination; Malaria pills; Food- and water-borne infections; Insect repellents; Travel insurance; Traveler's diarrhea; Vaccine exemptions; Altitude Sickness; Medical conditions affecting travel.

I voluntarily agree to release, discharge, indemnify, and hold harmless Infectious Disease Specialists, PC, its physicians, officers, employees, and agents from any costs, liabilities, expenses, claims, demands, or causes of action on account of any loss or personal injury that might result from my decision to receive the above referenced vaccinations.

Signed \_\_\_\_\_ Date: \_\_\_\_\_

Print: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_  
(Must be 18 or older)