Texas Department of State Health Services

Addendum to HPV (Human Papillomavirus)

Vaccine: What You Need to Know Vaccine Information Statement

- I agree that the person named below will get the vaccine checked below.
- I received or was offered a copy of the Vaccine Information Statement (VIS) for the vaccine listed above.
- I know the risks of the disease this vaccine prevents.
- I know the benefits and risks of the vaccine.
- I have had a chance to ask questions about the disease the vaccine prevents, the vaccine, and how the vaccine is given.
- I know that the person named below will have the vaccine put in his/her body to prevent the disease this vaccine prevents.

	Human Papillomavi					
Name: Last	to receive vaccine (Please print) First		Middle Initial	Birthdate	Sex	
				(mm/dd/yy)	(circle	(circle one
					M	F
Address: Street		City	County	State TX	Zip)
Signature of person to recei	ve vaccine or person	authorized to ma	ke the request (parent			
				_ Date:		
Witness				_ Date:		
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