



# Vaccination Consent

## Travel Consultation Fees

Name \_\_\_\_\_

**Single: \$60.00**

**Couple: \$110.00**

**Family (Max. 4): \$150.00**

The cost for each additional person attending a family consult is \$35.00. And additional fee of \$25.00 per person will be charged for all return vaccinations.

**All children 18 years or younger must be weighed**

Weight \_\_\_\_\_  lbs  kg      Temperature \_\_\_\_\_  °C  °F

## Vaccine Fees

\* represents the number of doses of vaccines required to complete the series

		Recommended	Declined	Initial		Recommended	Declined	Initial
<input type="checkbox"/> Hepatitis A**	\$60.00/\$40.00(kids)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Typhoid	\$45.00	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Hepatitis B***	\$40.00/\$25.00(kids)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Tetanus/Diphtheria	\$25.00	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Hep A and B (Twinrx)***	\$75.00/\$45.00(kids)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Zostavax	\$195.00	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Japanese Encephalitis**	\$250.00	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Flu	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Yellow Fever	\$125.00	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Tetanus, Diphtheria, Pertussis (Adacel)	\$45.00	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Meningococcus(Menactra)	\$155.00	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> TdPolio	\$75.00	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Rabies***	\$220.00	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Polio	\$50.00	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Hep A/Typhoid Vivaxim	\$100.00	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Dukoral (1 Dose)	\$42.50	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Gardasil***	\$170.00	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Mantoux	\$30.00	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Pneumovax (if you fit Government criteria)	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> MMR	\$55.00	<input type="checkbox"/>	<input type="checkbox"/>

\*Some vaccines will require more than one injection. Prices listed above are per injection. Additional shots will have an injection fee of \$25 per injection.

Date of vaccination \_\_\_\_\_

I certify that the personal medical history I have provided is accurate, and the vaccines recommended to me are based on the itinerary I have presented. The risks and benefits of the recommended travel vaccines above have been explained to me. I have no conditions which are contraindications to the vaccines indicated above. I consent to receive the vaccines indicated above, and will remain in the clinic 20 minutes post-vaccination in case of adverse reaction. Parent/guardian signature is required if <18 years old.

Signature \_\_\_\_\_

### OFFICE USE

Staff Signature \_\_\_\_\_

Vaccine Provider \_\_\_\_\_