



**Healthy Kids Clinic**  
404 Steve Drive  
Russell Springs, KY 42642  
Toll Free: 844-435-0900

**IMMUNIZATION CERTIFICATE AND CONSENT**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Office: Healthy Kids Clinic Toll Free: 844-435-0900

Type	Date Given	Site Given	Manufacturer	Lot #	Expiration Date	VIS Date	Date VIS Given

**OPTIONAL VACCINES:**

**HPV/GARDASIL** – The HPV (Human Papillomavirus) vaccine protects against 9 types of HPV. HPV can cause cervical cancer, throat cancer, vaginal cancer, penile cancer, anal cancer, and genital warts and is spread through sexual contact. The vaccine is a 2 dose or 3 dose series pending on age. Ages 14 and younger are a 2 dose series and ages 15 and up are a 3 dose series.

Yes \_\_\_\_\_

No \_\_\_\_\_

By signing this consent, I the parent or guardian give permission to Healthy Kids Clinic to administer the above vaccines. I also recognize that I have received VIS information on the administered vaccines.

Parent Name (Print): \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_