

Prince George County Virginia Fire & EMS

Varicella Vaccine Consent Form

Member Information:

Name: _____

	<u>Yes</u>	<u>No</u>
1. Have you ever had an allergic reaction to a vaccine or medication?	____	____
2. Are you allergic to neomycin or gelatin?	____	____
3. Are you pregnant or breastfeeding?	____	____
4. Are you under a physician's care?	____	____
5. Are you currently ill, feverish, or cold?	____	____
6. In the past 5 months, have you received a blood transfusion?	____	____
7. Have you received Immune globulin or varicella immune globulin (VZIG)?	____	____

Consent

I have read the information packet on VARIVAX (chickenpox vaccine). I have been given the opportunity to ask questions and I understand the benefits and risks associated with this vaccine. I understand that I should avoid becoming pregnant for 4 weeks after each dose of vaccine and that I should avoid the use of aspirin for 6 weeks after vaccination. If I develop a rash, I must remain off-duty until the rash subsides and receive clearance from the Infection Control/Safety Officer to return to work.

Signed _____ Date _____