Corewell Health

John Glenn Teen Health Center
36105 Marquette St
Westland, MI 48185
734-895-6275

Date:

Patient Name:

DOB:

After reviewing immunization records through the Michigan Care Improvement Registry (MCIR), we have found that your child is missing the recommended immunizations below. If you want your child to complete these vaccine series without you being present in the office, this option is available by signing this consent form. Please read and sign the bottom of this letter and return it to the Health Clinic.

Please mark below if you agree or decline the recommended vaccinations and provide a reason if declining.

Recommended	Vaccine	Agree	Decline	Reason if Declining
	COVID-19			
	Influenza (Flu shot)			
	Hepatitis (HepA)			
	Hepatitis B (HepB)			
	Human Papillomavirus (HPV) series (2 or 3 shot series)			
	Meningococcal (Serogroups A,C,Y and W-135)			
	Meningitis B (Serogroup B Meningococcal) (2 shot series)			
	Measles, Mumps and Rubella (MMR)			
	Polio (IPV)			
	Tetanus, diphtheria, acellular Pertussis-(Tdap)			
	Varicella (Chicken Pox)			

I have read the included Centers for Disease Control and Prevention's Vaccine Information Statement(s) explaining the vaccine(s) and the disease(s) they prevent. My child's health care provider has explained to me (and I understand) the following:

- The purpose of the recommended vaccination(s)
- The risks and benefits of the recommended vaccinations
- Possible consequence(s) of not allowing my child to receive the recommended vaccination(s) may include contracting the illness the vaccine(s) is intended to prevent and transmitting the disease to others.
- My Provider, the American Academy of Pediatrics, the American Academy of Family Physicians, the Centers for Disease Control and Prevention, and the Michigan Department of Health and Human Services, strongly recommend that the vaccine(s) be given.
    - The health care provider has answered all my questions
    - I know that I may change my mind and accept vaccinations in the future.
    - I accept sole responsibility for any consequences as a result of my child not being vaccinated.
    - I acknowledge that I have read this document in its entirety and fully understand it.

_____YES, I would like my child to receive the immunizations recommended and accepted above at the Health Clinic
_____YES, I would like my child to be able to come to the Health Clinic without me being present complete their vaccine series

Parent/Guardian Signature: _____Date:_____ Time:_____

Received By: _____Date: _____ Time: _____

Please answer the questions below to help us determine which vaccines your child may be given. If you answer "yes" to any questions, it does not necessarily mean your child should not be given vaccinated. It just means additional questions must be asked. If a question is not clear, please ask clinic medical staff for clarification

Vaccine Safety Questions	Yes	No
Does the patient have allergies to medications, food, a vaccine component, or latex?		
Has the patient had a serious reaction to a vaccine in the past?		
Does the patient have a long-term health problem with heart, lung (including asthma), kidney, liver, nervous system, or metabolic disease (e.g. diabetes), a blood disorder, no spleen, a cochlear implant, or a spinal fluid leak? Are they taking regular aspirin or salicylate medication?		
Has the patient, a sibling, or a parent had a seizure; has the patient had a brain or other nervous system problem?		
Has the patient ever been diagnosed with a heart condition (myocarditis or pericarditis) or have they had Multisystem Inflammatory Syndrome (MIS-C) after an infection with the virus that causes COVID-19?		
Does the patient have an immune-system problem such as cancer, leukemia, HIV/AIDS?		
In the past 6 months, has the patient taken medications that affect the immune system such as prednisone, other steroids, or anticancer drugs, drugs to treat rheumatoid arthritis, Crohn's disease, or psoriasis, or had radiation treatments?		
Does the child's parent or siblings have an immune system problem?		
In the past year, has the child received immune (gamma) globulin, blood/blood products, or an antiviral drug?		