



**PEAK VISTA COMMUNITY HEALTH CENTERS
IMMUNIZATION AUTHORIZATION**

PEAK VISTA FOLLOWS THE CDC AND ACIP REQUIRED AND RECOMMENDED
IMMUNIZATIONS

Dtap Series Diphtheria, Tetanus, and Pertussis (Child)
IPV Series Polio (inactivated)
Hib Series Haemophilus influenzae type b
HBV Series Hepatitis B
MMR Series Measles, Mumps, and Rubella
Hep A Series Hepatitis A
Rotateq Series Rotavirus

Varicella Series Chicken Pox
Prevnar Series pneumococcal
Td Series Tetanus and diphtheria
Tdap Tetanus, Diphtheria, and Pertussis (Adolescent)
Influenza Virus Series (Annual) Flu
Menactra Meningococcal
Gardasil Series Human Papillomavirus

I authorize Peak Vista to give my child all vaccines above, that are required and recommended by the CDC and ACIP.

Patient Name

Date of Birth

Parent/ Legal Guardian

Date

Witness

Date

