



TICK-BORNE ENCEPHALITIS (TBE) VACCINE CONSENT FORM

When: Tuesday, March 24th & Tuesday, April 21th

Where: Health Office (Room 1011-Ground Floor, opposite Human Resources)

Family Name (PRINT): _____ **First Name:** _____

Date of Birth: _____ **Grade:** _____

CONTRAINDICATIONS

You should not receive the vaccine if you have:

- History of allergy to eggs or egg products
- History of allergy to any vaccine component (merthiolate, formalin or gentamicin)
- An acute disease process, for example cold/flu symptoms, fever.

POSSIBLE ADVERSE REACTIONS

- Mild soreness/swelling at the vaccination site
- Fever, malaise, body aches
- Rarely, allergic responses

Vaccines are generally well tolerated. A brief patient history will be taken prior to administering the vaccine to establish fitness.

_____ I give permission for my child to receive the TBE (**Klesh-E-Vac, Russian**) vaccine at AAS given by the AAS Health Office, Medical Staff Enclosed is **2,000 Rubles for the cost of 2 doses.**

OR

_____ I give permission for my child to receive the **3rd dose or booster** of the TBE (**Klesh-E-Vac, Russian**) vaccine at AAS given by the AAS Health Office, Medical Staff. Enclosed is **1,000 Rubles** to cover the last dose in the series.

Parent's name (PRINT) _____

Parent's signature _____ **Date** _____

PLEASE COMPLETE AND RETURN THIS FORM TO THE AASCASHIER WITH PAYMENT.