



**MSM Clinical Affairs  
Student Health and Wellness Center  
455 Lee Street 3<sup>rd</sup> Floor, Suite 300A  
Atlanta, Ga 30310  
404-756-1241**

**Varicella (CHICKEN POX) Vaccination Consent Form**

**VARICELLA**-also called chickenpox is a common childhood disease. It is usually mild, but it can be serious, especially in young infants and adults. The chickenpox virus can be spread from person to person through the air, or by contact with fluid from chicken pox blisters.

**VACCINE**-If no serology proof is presented to show immunity. It is recommended that if you have never had chickenpox or received chickenpox vaccine you should receive two doses at least 28 days apart.

**ADVERSE REACTIONS**-Recipients of the vaccine may experience local reaction such as soreness, swelling and redness at the injection site. A low-grade fever occurs occasionally. Other complaints may include a mild rash or seizure (jerking or staring) caused by fever (very rare).

**CONTRAINDICATIONS**- Pregnancy or possibility of pregnancy within 1 month. If you have had a severe allergic reaction to a previous dose of chickenpox vaccine or to gelatin or the antibiotic neomycin. If you or moderately or severely ill at the time of shot. If you have any disease that affects the immune system.

**CONSENT**

**Print Name** \_\_\_\_\_

I \_\_\_\_\_ authorize Morehouse Healthcare Student Employee Health and Wellness Center to administer Varicella vaccine to me. I have read the above information and understand the risks and possible adverse reactions of the drug. The proposed procedure has been satisfactorily explained to me and I have all the information I desire. I acknowledge that no guarantee or assurance has been made to me as to the results that may be obtained and will not hold MOREHOUSE HEALTHCARE responsible for any untoward effects.

Dose \_\_\_\_\_

Lot# \_\_\_\_\_

Exp \_\_\_\_\_

Site \_\_\_\_\_

HCP Signature \_\_\_\_\_

Date \_\_\_\_\_