

## Updated Vaccine Administration Consent Form



Hello, SAIRS users!

Metro Health has recently revised the Vaccine Administration Consent Form that is used for reporting vaccine information to the San Antonio Immunization Registry System (SAIRS). The form has been changed to facilitate accurate reporting and data entry into the registry and to ensure that all SAIRS users are assessing patient immunization needs based on complete records.

Below are the significant changes.

The screenshot shows the top portion of the consent form. At the top, there are three fields: 'Guardian Signature / Firma de la persona autorizada para ser el pedido' (containing an 'X'), 'Date / Fecha', and 'Mother's Maiden Name / Apellido de soltera di madre'. Below this is a section titled 'To Be Filled Out By Administrator' with the heading 'Check Patient Insurance / VFC Category'. This section includes checkboxes for 'Medicaid', 'CHIP', 'Medicare', 'Private Insurance', 'Underinsured (Not insured for immunizations)', 'No Insurance', 'American Indian/Alaskan Native', and 'Other', followed by an insurance ID number field. The next section is for 'SAIRS Patient ID #' and 'Clinic Name:'. Below these are several vaccine options, each with a radio button and manufacturer (MFR) information. The vaccines listed include HEP B, HEP B-HIB, HEP B/ HEP A (Twinrix), HEP B 2 Dose/ 1.0 mL Series, DTaP, DT, Td, Tdap, DTaP-IPV (Kinrix), DTaP-HepB-IPV (Pediarix), DTaP-Hib-IPV (Pentacel), MCV4 (Menactra), MCV4O (Menveo), MPSV4, and HPV4 (Gardasil). Red arrows point to the 'X' in the signature field, the 'To Be Filled Out By Administrator' heading, the insurance checkboxes, the SAIRS Patient ID # field, the Clinic Name field, and the vaccine selection options.

- Please provide the **SAIRS Patient ID #** on each consent form. This can be found on SAIRS in multiple ways, most easily by accessing a patient's official immunization record (the set of numbers will appear next to the patient's name in parentheses, ex: Doe, Jane (12345), the SAIRS Patient ID is 12345).
- Please write/stamp your **Clinic Name** in the appropriate box on the form, as well as the clinic code on the top-right corner of the form. Providing the clinic name will ensure that the correct clinic code is identified.
- The **patient insurance information** has been simplified and now we only require the type of insurance category be checked and the insurance ID # written, if applicable.
- Please have the patient/guardian provide **the patient's mother's maiden name and first name** next to their signature. (This information is extremely helpful when matching consents to the patient record.)
- Please pay attention to the **multiple-birth indicator**, and place a check in the box if the patient is a twin, triplet, etc.
- Instead of an opt-out check box, patients now must understand that an official **Request to Opt Out of SAIRS** is required to be filled out and submitted to SAMHD, as stated in the "Consent Statement" at the top of this form. This form is available at <http://www.sanantonio.gov/health/Immunizations-SAIRS.html>.
- The vaccine types have been re-organized. Please be mindful that you check the correct type, especially with combination vaccines (ex: do not check DTaP when you meant Pediarix).
- As a reminder, please always:
  - Double check the date of vaccine administration.
  - Always include manufacturer, body site of administration, and the lot number for every vaccine given.
  - Print clearly and legibly.
  - Send in completed forms at least once a week to give data entry staff time to enter the information.

**Please note that consent forms that are missing any required information or illegible will be RETURNED.**

If you have any questions about filling out or mailing these new Vaccine Administration Consent Forms, please contact us at **(210) 207-5071** or you can email [SAIRS2@sanantonio.gov](mailto:SAIRS2@sanantonio.gov).

You may also contact us if you are interested in **entering your clinic's vaccine administration data into SAIRS directly**, rather than regularly mailing consent forms to SAMHD.

Thank you!