

CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER

바이러스 백신 접종 동의서 수두(치킨 폭스 - 대상 포진)

(VIRUS VACCINE LIVE-CONSENT FORM VARICELLA (Chicken pox - Shingles) - Korean)

Merck & Co. _____ Right arm SubQ _____ Date of VIS
Manufacturer Lot# Exp Date Date of Vaccination Left arm SubQ _____ Date VIS read

Vaccine # 2 Adverse Reaction to 1st vaccine _____

Merck & Co. _____ Right arm SubQ _____ Date of VIS
Manufacturer Lot# Exp Date Date of Vaccination Left arm SubQ _____ Date VIS read

Employee Health Nurse Signature