

**PHYSICIAN STANDING ORDERS
SIGNATURE PAGE**

MEDICAL AUTHORIZATION

Authorization is given to _____ to conduct an on-going immunization program. As the medical consultant for this medical clinic/office immunization program, I give consent for the nursing staff to administer immunizations for the vaccine-preventable diseases in accordance with the policies and procedures as outlined in the Vaccine Standing Orders.

I have reviewed the preceding policies and procedures and have found them consistent with recommendations of the Advisory Committee on Immunization Practices (ACIP).

I give consent for the nursing staff to administer the following vaccines or any licensed combination of the following vaccines:

1. Inactivated Polio Vaccine _____
2. Diphtheria, Tetanus Toxoid and Acellular Pertussis Vaccine (DTaP) Pediatric Formulation _____
3. Diphtheria and Tetanus Toxoid Vaccine (DT) Pediatric Formulation _____
4. Tetanus Toxoid and Diphtheria Vaccine (Td) Adult Formulation _____
5. Tetanus Toxoid, Diphtheria and Acellular Pertussis Vaccine (Tdap) Adult Formulation _____
6. Haemophilus Influenzae type B Vaccine _____
7. Hepatitis A Vaccine _____
8. Hepatitis B Vaccine _____
9. Measles, Mumps and Rubella Vaccine (MMR) _____
10. Varicella Vaccine _____
11. Pneumococcal Conjugate Vaccine (PCV13) Pediatric Formulation _____
12. Meningococcal Conjugate Vaccine (MCV4) Pediatric Formulation _____
13. Rotavirus Vaccine _____
14. Human Papillomavirus Vaccine _____
15. Influenza Vaccine _____

Date _____

Physician Signature _____