

**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 (PCV7) Pediatric Formulation \_\_\_\_\_
12. Meningococcal Conjugate Vaccine (MCV4) Pediatric Formulation \_\_\_\_\_
13. Rotavirus Vaccine \_\_\_\_\_
14. Human Papillomavirus Vaccine \_\_\_\_\_
15. Influenza Vaccine \_\_\_\_\_

Date \_\_\_\_\_

Physician Signature \_\_\_\_\_