



**TRI-COUNTY HEALTH DEPARTMENT
DEKALB-GENTRY-WORTH**

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**Shared Clinical Decision-Making (SCDM) Vaccine
Acknowledgement**

Patient Name: _____ DOB: _____
Parent/Guardian (if applicable): _____
Date: _____

Vaccines discussed today that fall under CDC "Shared Clinical Decision-Making"

(Initial next to any that apply)

- _____ Rotavirus
- _____ COVID-19
- _____ Influenza (Flu)
- _____ Meningococcal disease
- _____ Hepatitis A
- _____ Hepatitis B

CDC statement (why we need this)

CDC uses shared clinical decision-making when it is not always possible for public health authorities to clearly define who will benefit from an immunization; therefore, the clinician and the patient/parent/guardian decide together based on the individual child's characteristics and situation.

Acknowledgement

By signing below, I confirm:

- I had the opportunity to **discuss the vaccine(s) above** with a clinician, ask questions, and receive answers.
- I understand the final decision to vaccinate (or not vaccinate today) for SCDM vaccines is **individualized** and made through this discussion.

Decision today: ☐ Vaccinate today ☐ Defer/Decline today

Patient/Parent/Guardian Signature: _____ **Date:** _____