

# Booster Dose Vaccination Consent Form

This **Booster dose vaccination consent form** sample ensures individuals understand the benefits and potential risks before receiving an additional vaccine dose. It provides a clear agreement to proceed with the booster to enhance immunity. Proper documentation helps maintain health records and supports public health efforts.

Full Name:

Date of Birth:

Address:

Type of Vaccine for Booster Dose:

Number of Previous Doses Received:

Medical History (e.g., allergies, past reactions, chronic conditions):

*I confirm I have read and understood information regarding the booster dose of the vaccine, including benefits and possible risks or side effects. I had the opportunity to ask questions, and all my questions were answered satisfactorily. I voluntarily consent to receive the booster dose vaccination.*

Signature (or Parent/Guardian for minors):

Date: