



Iverson Corner Drug
 408 Minnesota Ave
 Bemidji, MN 56601

Iverson Corner Drug Herpes Zoster (Shingrix) Vaccination Screening and Informed Consent Form

Name: _____ Date of Birth: _____

Address: _____ City: _____

Phone #: _____ Zip: _____

Allergies: _____

Screening Questionnaire for Adult Immunization

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Are you sick today? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have a weakened immune system caused by something such as HIV, cancer, or immunosuppressive therapy? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever had, or are you being treated for Shingles? | <input type="checkbox"/> | <input type="checkbox"/> |
| If so, are you still experiencing pain from a recent episode of Shingles? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have allergies to medication, foods, or vaccines? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If so, please list _____ | | |
| 5. Have you ever had a Herpes Zoster vaccination (ex. Shingrix, Zostavax)? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If yes, when: _____ | | |
| 6. Women: Are you currently pregnant or breastfeeding? | <input type="checkbox"/> | <input type="checkbox"/> |

I, the undersigned, wish to receive a vaccination against Herpes Zoster. I am taking this vaccine voluntarily and consent to the vaccination being given to me. I have read the information provided (Recombinant Zoster VIS). I understand the risks and benefits of this vaccine. I have had an opportunity to ask questions which have been answered to my satisfaction. I hereby waive any claim for damages that I (or anyone claiming on my behalf) may have against Iverson Corner Drug, its pharmacists, nurses, directors, or employees on account of any injury or misfortune I may suffer as a result of this vaccination.

Patient Signature: _____ Date: _____

For Office Use Only

Payment Received?	Manuf.	Lot #	Exp. Date	Site:	Date of Admin/Date Given VIS:	Signature of Admin/Title	Date on VIS
							2/4/2022