PLUMSTED PHARMACY
28 Brindletown Rd
New Egypt, NJ 08533
609-758-8829

VACCINE CONSENT FORM

NAME (Last)	(First)	(M.I.)	Date of Birth ____/____/____ AGE____ *month day year*
Mailing Address		Gender ☐ Female ☐ Male	
City		State	Zip
Phone		Medicare Number	
Primary Care Physician:			

The following questions will help us determine your eligibility to be vaccinated today.	Yes	No	Not Sure
1. Which vaccines are you (your child) requesting today? Please list all requested vaccines: ☐ Flu Shot ☐ Pneumonia ☐ Shingles ☐ Other			
2. Are you (your child) currently sick with a fever?			
3. Do you (your child) have a severe allergy to eggs, latex or an ingredient of the flu or pneumococcal vaccine?			
4. Have you (your child) ever had Guillain Barre syndrome?			
5. Is this you (your child's) first time getting the flu vaccine?			
6. Have you (your child) had any vaccine in the last 28 days?			
7. Have you ever had a pneumonia shot?			
8. Are you (your child) pregnant?			
9. Are you (your child) currently receiving radiation, chemotherapy, or immunosuppressive therapy?			
10. Have you (your child) taken antiviral medications to prevent the flu within the last 48 hours?			
11. Are you receiving aspirin therapy or aspirin containing therapy?			

I certify that I am: (i) the patient and at least 18 years of age (ii) the parent or legal guardian of the minor patient. I have read, or had explained to me the Vaccine Information Statement about my vaccination. I have had a chance to ask questions, which were answered to my satisfaction, and I understand the benefits and risks of the vaccination as described. I request that the vaccination be given to me (or the person named above for whom I am authorized to make this request). I authorize the release of any medical or other information necessary to process a Medicare or other insurance claim or for other public health purpose. I have a received a copy of the Patients Bill of Rights.

______________________________ ______________
Signature of Recipient (Parent of Guardian) Date

For Office USE ONLY					
Date Given	Manufacturer/ Lot No.	Exp. Date	Site (circle)	Route	Administered By:
			LD RD	IM	