

Rye Beach Pharmacy
464 Forest Ave, Rye NY 10580
914-967-0856

SHINGLES VACCINE CONSENT FORM

Shingrix : \$185.00 -- (Max out of pocket)

Please check which dose of Shingrix you are receiving today:

First Dose **Second Dose (must be 2 -6 months after first dose)**

- | | |
|--|----------------------|
| 1. Have you ever had an allergic reaction to flu vaccine? | Yes or No |
| 2. Are you allergic to eggs, or egg products? | Yes or No |
| 3. Are you allergic to Neomycin or Polymyxin | Yes or No |
| 4. Do you have a history of Guillain-Barre Syndrome?
(illness associated with the swine flu in 1976 characterized
by fever, nerve damage, and muscle weakness) | Yes or No |
| 5. Are you allergic to latex? | Yes or No |
| 6. Do you feel ill today, or do you have a fever? | Yes or No |
| 7. If you are female, are you pregnant? # Weeks _____ | Yes or No |
| 8. Have you received any other vaccine in the past 4 weeks? | Yes or No |
| 9. Which arm would you prefer to receive your vaccine? (Recommend using non-dominant arm) | |
| | Right or Left |

I hereby certify that the foregoing history is true and complete to the best of my knowledge and I have received and read the "Vaccine Information Statement" from the CDC, have had an opportunity to ask questions that were answered to my satisfaction, and do wish to receive the shingles vaccination fully understanding the risks and the benefits. I hereby consent to the administration of the shingles vaccine. I allow Rye Beach Pharmacy to notify my primary care physician, as well as the required NY State Regional Immunization Information System (NY RIIS) of the vaccination I receive today.

PARTICIPANT INFORMATION AND CONSENT

LAST NAME:	FIRST NAME:	MI:
ADDRESS:	CITY:	STATE: ZIP:
PHONE:	E-MAIL:	
BIRTHDATE:	AGE:	
PRIMARY CARE PHYSICIAN:	ADDRESS OF PHYSICIAN:	
SIGNATURE:	DATE:	

FOR PHARMACY USE ONLY

POWDER MANUFACTURER AND LOT#: GSK	EXPIRATION DATE:
ADJUVANT LOT#:	EXPIRATION DATE:
SITE OF INJECTION: R / L DELTOID	
SIGNATURE AND TITLE OF VACCINE ADMINISTRATOR:	

VIS DATED 10/30/2019 GIVEN ON _____