Vaccine(s) Requested Today: Please Circle Below

Influenza Quad / Influenza HD (over 65)
Prevnar 13 / Pneumovax 23 / Shingrix / Tdap



## 2020-21 Consent Form and Screening Questionnaire for Immunization Section I. Personal information (Please print neatly.)

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		If you are over the age of 65: Have you ever had a Pneumococcal vaccination?										
		If you are over the age of 50: Have you ever had a Shingles vaccination?  For women: Are you pregnant or are you planning on becoming pregnant?										
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