

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.)

Patient's Full Name (First, MI, Last): _____ Date of Birth: _____
 Age: _____ Gender: ___M ___F List Medical Conditions: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Phone: _____ Emergency Contact and phone: _____
 Allergies : _____

Section II. Questionnaire for Immunization

		Please answer these questions by checking the boxes. If the question is not clear, please ask the pharmacist.	Yes	No	Don't Know
ALL	1.	Do you feel sick today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2.	Do you have an allergy to Eggs or Latex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3.	Have you ever had a reaction or fainted after receiving any vaccination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4.	If you are over the age of 65: Have you ever had a Pneumococcal vaccination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5.	If you are over the age of 50: Have you ever had a Shingles vaccination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6.	For women: Are you pregnant or are you planning on becoming pregnant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tdap	7.	Have you ever had a seizure disorder, brain disorder, or Guillain-Barre Syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section III. Influenza Information. For more vaccine info, refer to the appropriate VIS (i.e. Influenza, Pneumococcal, Shingles)

Inactivated Influenza Vaccine (injection) ages 6-months old and older: Created from a dead virus, the flu vaccine will not give you the flu. Injection is in the muscle. Some vaccines contain a preservative called thimerosal; thimerosal-free vaccines are available upon request. **Side effects** include soreness, redness, or swelling at the injection site. Fever, hoarseness, red or itchy eyes, fatigue, and muscle aches are also possible. These symptoms usually begin soon after the shot and last for one to two days. "High-dose" inactivated influenza vaccine available for people 65 years of age and older.

Section IV. Signatures

I understand the benefits and risks of the vaccination(s) as described in the Vaccine Information Statement (VIS), a copy of which was provided with this Consent and Release. I request the vaccine(s) be given to me or to the person named below, a minor for whom I represent that I am authorized to sign this Consent and Release.

Recipient Signature (or Parent/Guardian, if Recipient is a Minor): _____ Date: _____

I have received a copy of the notice of Privacy Practices and appropriate CDC Vaccine Information Statement (VIS). I understand the notice of Privacy Practices provides an explanation of the ways in which my health information may be used or disclosed by the Pharmacy and of my rights with respect to my health information. I have been provided with the opportunity to discuss concerns I may have regarding the privacy of my health information.

Signature of Acknowledgment of Notice of Privacy Practices and VIS: _____ Date _____

(Pharmacy Use Only)

Vaccine	Date Administered	Vaccine Lot#	Expiration Date	MFR	Dosage	Injection Site	VIS Date	Amt Paid
Seasonal Influenza								
Pneumococcal								
Zoster (Shingles)								
Tdap or Td								

Signature of Pharmacist who administered vaccine(s): _____ Date _____