Health Mart Vaccination Permission, Release, & Screening Consent Form for Adults

Appointment Information

Appointment Date:	Location:	Insurance Name: Member ID/Policy #: Group #: BIN: PCN:
Clinical Service(s) Requested:		

Patient Information

Name:	Gender:	Date of Birth:	Phone:
Street Address:	City:	State:	Zip code:
IF LESS than 66 lbs., list weight:__________lbs.	PCP Name:	PCP Phone #:	PCP Fax #:

Race: ☐ Asian ☐ American Indian ☐ Pacific Islander ☐ Black or African American ☐ Caucasian ☐ Other:____________________

Ethnicity: ☐ Hispanic or Latino ☐ Non-Hispanic or Latino ☐ Decline to state/ Unknown

Screening Questions

Screening Questions	Yes	No	Don't Know
1. Are you sick today?	☐	☐	☐
2. Do you have allergies to medications, food, a vaccine ingredient, or latex?	☐	☐	☐
3. Have you ever had a serious reaction after receiving a vaccine?	☐	☐	☐
4. Do you have a long-term health problem with heart, lung, kidney, or metabolic disease (e.g., diabetes), asthma, a blood clotting disorder, no spleen, complement component deficiency, a cochlear implant, or a spinal fluid leak? Are you on long-term aspirin therapy?	☐	☐	☐
5. Do you have cancer, leukemia, HIV/AIDS, or any other immune system problem?	☐	☐	☐
6. Do you have a parent, brother, or sister with an immune system problem?	☐	☐	☐
7. In the past 3 months, have you taken medicines that affect your immune system, such as prednisone, other steroids, or anticancer drugs; drugs for the treatment of rheumatoid arthritis, Crohn's disease, or psoriasis; or have you had radiation treatments?	☐	☐	☐
8. Have you had a seizure or a brain or other nervous system problem?	☐	☐	☐
9. During the past year, have you received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug?	☐	☐	☐
10. Are you pregnant or is there a chance you could become pregnant during the next month?	☐	☐	☐
11. Have you received any vaccinations (e.g., flu, shingles, COVID-19) in the past 4 weeks?	☐	☐	☐

- I authorize the Pharmacy to submit a claim to my insurer for the above requested service(s) and request payment of authorized benefits be made on my behalf to the Pharmacy.
- I fully understand that I will ultimately be responsible for any charges if I am not a covered person under the insurance plan I provided, the services are not covered services, or for any co-pays, deductibles or coinsurance obligations that apply.
- I certify that I am the patient and at least 18 years of age; the legal guardian of the patient; or a person authorized to consent on behalf of the patient where the patient is not otherwise competent or unable to consent for themselves.
- I have been provided the Vaccine Information Statement or Emergency Use Authorization Fact Sheet for Recipients & Caregivers for the vaccine(s) to be administered and understand the risks and benefits.
- I GIVE CONSENT to the pharmacy and its staff for myself, or the person listed above to be vaccinated with the vaccine(s) requested above.

I hereby certify that the above information is true and correct to the best of my knowledge and I agree to the terms and conditions stated above.

Signature: Date:

The following is to be completed by the health care provider ONLY.

Ordering RPh Signature:	Name of Administrator (Print):	Counseling (please circle): Accepted / Declined	Admin/ VIS Provider Date:

Vaccine Name	Lot #	Expiration Date	Manufacturer	NDC #	Dose #	Dose (mL)	Site	Route	VIS / EUA Pub Date

WA ONLY Substitution Permitted:_______________________ Dispense As Written:_______________________

This form is provided without any representations or warranties, express or implied, as to its suitability, legal effect, completeness, currentness, accuracy, and/or appropriateness. The form is provided "as is", "as available", and with "all faults", and Health Mart Pharmacy, Inc., its affiliates, employees, officers and directors disclaim any warranties, including but not limited to the warranties of merchantability and fitness for a particular purpose. This form may be inappropriate for your particular circumstances. Additionally, applicable laws may require different or additional provisions to ensure the desired result. You should consult with legal counsel to determine the appropriate forms necessary to suit your needs, as this form is only a sample and may not be applicable to your particular situation.