

Inactivated Vaccine Administration/Consent Form

For patients: The following questions will help us determine if there is any reason we should not give your inactivated injectable vaccination today. If you answer "yes" to any question, it does not necessarily mean you should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask our pharmacist to explain it.

Are you sick today? (Please don't include minor illness & allergies)

Manufacturer

Novartis

Merck

Do you have an allergy to eggs?

Yes

No

Questions

Vaccine

Fluvirin

Pneumovax

Have you ever had a serious reaction after receiving a vaccination		
in the past?		
Name:		
Address:	City:	State/Zip:
Phone #:	Birthdate:	Sex: Male / Female
Email Address:		
Primary Care Physician:		
Please read the following statement and sign below on the signature line. I have read or have had explained the information provided about the vaccine I am to receive. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of vaccination and ask that the vaccine be given to me or to the person named above for whom I am authorized to make this request. Medicare, I do hereby authorize Hillcrest Pharmacy to release information and request payment. I certify that the information given by me in applying for payment under Medicare is correct. I authorize release of all records to act on this request. I request that payment of authorized benefits be made on my behalf.		
X	DATE:	
Signature of person to receive vaccine of per	or person authorized to make the re	quest

Lot #

Exp Date Site

RA/LA

RA/LA

Amt Admin

0.5ml

0.5ml

VIS Date

Administrator