



Live Vaccine Administration Record, Screening, and Patient Consent

For patients: The following questions will help us determine which vaccines you may be given 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 your pharmacist to explain it.

Questions	Yes	No
Are you sick today? (Please don't include minor illness & allergies)		
Do you have allergies to medications, eggs, a vaccine component, or latex?		
Have you ever had a serious reaction after receiving a vaccination?		
Do you have cancer, leukemia, AIDS, or any other immune system problem?		
In the past 3 months, have you taken medications that weaken your immune system, such as cortisone, prednisone, other steroids, or anticancer drugs?		
Have you had Guillain-Barre Syndrome?		
For women: Are you pregnant or is there a chance you could become pregnant during the next month?		
Have you received any vaccinations in the past 4 weeks?		

Name:		
Address:	City:	State/Zip:
Phone #:	Birthdate:	Sex: Male / Female
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 authorized 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 or person authorized to make the request

FOR OFFICE USE:

Vaccine	Manufacturer	Exp Date	Lot #	Site	Amt Admin	VIS Date	Administrator
Zostavax	Merk			RA/LA	0.65ml		
				RA/LA			