Medicare Part B #
Cash ☐ Yes ☐ No

Patient Request & Consent for Vaccination

Patient Information					
Name:					
Address:					
Date of Birth:		Age:		Tel:	
Primary Provider:					
Allergies (any):					
Which vaccine(s) are you requesting today?					
○ Flu	○ MMR	○ Pneumonia	○ Tdap	○ Shingles	○ Other

Please answer the following questions:	Yes	No	Not Sure
Have you had any of the following symptoms in the past 14 days: cough, shortness of breath, or fever greater than 100.4°F?			
Have you been in contact with anyone with confirmed or suspected Coronavirus (COVID-19) within the past 14 days?			
Are you sick today?			
Are you allergic to eggs, latex, or any vaccine component, such as gelatin or neomycin?			
Have you ever had a serious reaction after receiving a vaccination?			
Any history of Guillain-Barre' Syndrome, seizure disorder, or other neurological condition?			
For Women Only: Are you pregnant or is there a chance you could become pregnant during the next month?			

Please identify any vaccine(s) you have already received:	
○ Shingles	○ Tdap
○ Pneumonia	○ MMR
○ Other(s):	

Please check any chronic or long-term health conditions you may have:		
○ Anemia	○ Asthma	○ Diabetes
○ Heart Disease	○ Lung Disease	○ Kidney Disease
○ Smoking	○ Other:	

For Patients Receiving Live Vaccines Only: (e.g. Flu (nasal spray), Zostavax, Varivax (chickenpox), and MMR)	Yes	No	Not Sure
Have you received any vaccines in the past 4 weeks?			
Do you have cancer, leukemia, AIDS, or any other immune system problem?			
Have you taken any steroids, anti-cancer drugs, antivirals, immunosuppressive medications, or have you had radiation treatments in the last 3 months?			
In the past year, have you received a transfusion of blood or blood products, or been given immune (gamma) globulin?			

I hereby give my consent to Raley's, Bel Air, and Nob Hill pharmacies to administer the vaccines(s) I have requested on this form. I understand the benefits and risks of receiving this vaccine(s). I acknowledge that I have had a chance to ask questions and that such questions were answered to my satisfaction. I acknowledge that I have been advised to remain near the vaccination location for approximately 15 minutes after administration. I understand that my immunization information will be shared with my prescriber and local immunization registry, but that I have rights pertaining to the use of this data, including the right to prevent sharing with other registry users by completing and submitting a "Decline to Share" form to my local registry Help Desk. For more information, California patients should visit the CAIR website (http://cairweb.org/cair-forms/), and Nevada patients should ask their pharmacy team members for a participation form.

Patient/Guardian Consent: ____ **Date:** _______________

Healthcare Provider Section

This patient received the following vaccine(s) in our pharmacy today as per ACIP recommendations and in conjunction with our vaccination protocol. This data will be uploaded into the vaccination state registry within 24 hours.

Patient Name: ____________________ **DOB:** __________ **Temp:** ______°F

Store: ________ **Phone:** ______________ **Fax:** ________________

Vaccine(s) given today:	Route:	Site:	Lot and Expiration Date	VIS Edition Date
Influenza (Fluarix, Fluzone Quad Fluzone HD, FluBlok)	IM	RD LD		Inactivated: _/__/__ Live, Intranasal: /__/__
Pneumonia: Pneumovax (PPSV23), Prevnar (PCV13)	IM	RD LD		Prevnar (PCV13): 10/30/19 Pneumovax (PPSV23): 10/30/19
Adacel, Boostrix, Tenivac (Tdap, Td)	IM	RD LD		Tdap: 4/1/2020 Td: 4/1/2020
Meningococcal (MenACWY, MenB)	IM	RD LD		MenACWY: 8/15/19 MenB: 8/15/19
Human Papillomavirus (HPV)	IM	RD LD		HPV: 10/30/19
Shingrix (RZV)	IM	RD LD		RZV: 10/30/19
Measles, mumps, Rubella (MMR-II)	SC	RD LD		MMR II: 8/15/19
Varicella (VAR)	SC	RD LD		VAR (Recombinant & Live): 8/15/19
Hepatitis A Hepatitis B	IM	RD LD		Hep A: 7/20/16 Hep B: 8/15/19
Other:				

Immunizing Pharmacist: ______________________________

Immunizing Pharmacist's Signature: ____________________ **Date:** ____________

Provider Fax: ____________________

Updated 6/15/2020