



Store Name:
Rx Number:

PARTICIPANT INFORMATION AND CONSENT

LAST NAME:		FIRST NAME:		BIRTHDATE:	
ADDRESS:		CITY:		STATE: ZIP:	
PHONE:		MUHC Employee? YES NO Employee ID:			
PCP:	PCP FACILITY or ADDRESS:		PCP PHONE:	PCP FAX:	
I want to receive the following immunization(s): FLU (influenza) PNEUMONIA (pneumococcal) SHINGLES (herpes zoster) OTHER _____					

Before you can receive a vaccine, you must read the provided Vaccine Information Sheet, answer the questions below, and ask your healthcare professional administering the vaccine to review your answers. The healthcare provider will keep this form and any information collected in a confidential manner. The following questions will help us determine your eligibility to be vaccinated today.

All Vaccines	Circle One	
1. Are you sick today? (moderate to high fever, vomiting/diarrhea)	Yes	No
2. Do you have allergies to medications, food, vaccine components or latex? (eggs, bovine protein, gelatin, gentamicin, polymyxin, neomycin, phenol, yeast, thimerosal)	Yes	No
3. Have you received any vaccination or skin tests in the past 4 weeks? If yes, please list the vaccination.	Yes	No
4. Have you ever had a serious reaction, fainted or felt dizzy from any vaccine?	Yes	No
5. Have you ever had a seizure disorder for which you are on seizure medications, brain disorder, Guillain-Barre Syndrome or other nervous system disorder?	Yes	No
6. Do you have cancer, leukemia, lymphoma, HIV/AIDS or any other immune system disorder or are you in contact with anyone who has a severely weakened immune system?	Yes	No
7. Have you ever had a pneumonia vaccine? When?	Yes	No
8. Have you ever had a shingles vaccination (patients 60 years of age and older)?	Yes	No
9. For women: Are you pregnant or considering becoming pregnant in the next month?	Yes	No
Live Vaccines <i>Only answer these questions if you are requesting a shingles vaccine.</i>		
10. Are you currently on home infusions, weekly injections (adalimumab, infliximab, etanercept), high-dose methotrexate, azathioprine or 6-mercaptopurine, anticancer drugs or radiation treatment?	Yes	No
11. Are you currently taking high-dose steroid therapy (prednisone >20 mg/day) for longer than 2 weeks?	Yes	No
12. Have you received an infusion of blood or blood products or been given immune (gamma) globulin or an antiviral drug during the last year?	Yes	No
IF YOU ANSWERED YES TO ANY OF THESE QUESTIONS, YOU MUST TALK TO YOUR PHARMACIST BEFORE BEING VACCINATED		

There are risks associated with all vaccines. Vaccines do not protect 100% of individuals vaccinated. I have received the most up to date Vaccine Information Sheet, and have read or have had explained to me the information in this sheet about the vaccine. I have had a chance to ask questions and fully understand the benefits and risks of vaccination. I believe and understand the benefits and risks of the vaccine and my signature below indicates my permission for the vaccine to be given to me or the person named above for whom I am authorized to make this request. I assume full responsibility for any reactions that may result and I waive and release all claims I, or anyone claiming by or through me, now have or may hereafter acquire against Mizzou Pharmacy for any and all damages or injuries if I, the person named below for whom I am authorized to make this request, contract other diseases or suffer any other adverse reactions following administration of this shot.

SIGNATURE:	DATE:
(parent or legal guardian if minor)	

FOR PHARMACY USE ONLY

Name of Vaccine:		Manufacturer:	NDC:	Vaccine Lot #	Vaccine Exp Date:
Dose (mL):	Location: Left Arm Right Arm	Route: Intramuscular Subcutaneous	VIS Given: Y / N VIS Date Given: _ / _ / _ VIS Publication Date _ / _ / _	If Non-MUHC patient: Date VAR was faxed to PCP: _____ or NA Date VAR was faxed to Protocol Physician: _____ or N/A	
Immunizer Name:			Date:	If MUHC Patient: MRN: Date of EMR Documentation:	
Immunizer Signature:			Title:	Name and Initials of Supervising RPh (optional):	

Patient chose not to wait the recommended 15 minutes for observation Initial/Time: