

EMPLOYEE WELLNESS, P.A.

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PNEUMOCOCCAL VACCINE CONSENT

PATIENT AUTHORIZATION AND NOTICE

Patient Name

Date of Birth

ADULT IMMUNIZATIONS – Screening Questionnaire (PLEASE READ)

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 healthcare provider to explain it.**

PNEUMOCOCCAL QUESTIONS:

- Are you sick today? YES NO
- Do you have allergies to medications, foods, or vaccines? YES NO
Including gelatin or the antibiotic neomycin or any other component of the shingles vaccine.
- Have you ever had a serious reaction after receiving a vaccination? YES NO
- Do you have a long-term health problem with heart disease, asthma, kidney disease, metabolic disease (e.g., diabetes), anemia, or other blood disorders? YES NO
- Do you have cancer, leukemia, AIDS, or any other immune system problems? YES NO
- Do you take cortisone, prednisone, other steroids, or anticancer drugs or have you had radiation treatments? YES NO
- Have you had a seizure or other nervous system problem? YES NO
- During the past year have you received a transfusion of blood or blood products? YES NO
- For women: Are you pregnant or is there a chance you could become pregnant? YES NO
- Have you received any vaccinations in the past 4 weeks? YES NO

I certify that I have been given the PNEUMOCOCCAL CDC Vaccine Information Statement before my injection. I have reviewed the information sheet; understand the possible side effects and I feel I have no contraindications to the administration of the vaccine.

Signature of Recipient

Date

Witness

Vaccine Manufacturer

Lot Number

Exp. Date

Signature of Nurse

Injection Site:

Right Arm

Left Arm