Family Care Pharmacy	⊠ Influenza va	F	Payment abbreviation (circle one)			
2021/2022 Consent Form	☐ Pneumonia	☐ Pneumonia vaccine				INS
Please print all information below:					-	
1. Last Name	2. First Name				3. Mid. In	itial 4. □ Male □ Female
5. Address	6. City		7. State	8. Zip	code	9. County
10. Telephone Number (including area code)		11. Birtl	irth Date (month/day/year)			12. Age
13. Medicare number as it appears on your card.	Include numbers and	etter(s).				
14a. Other insurance provider	14b. Other insurance ID number as it appears on your card					
			<del></del>	···		
Please answer the following questions. Check one box per question.					No	Unknown
1. Are you sick or do you have a high fe	ever today?	<del></del>				***************************************

Please answer the following questions. Check one box per question.	Yes	No	Unknown
1. Are you sick or do you have a high fever today?			
(If yes, you should not receive vaccine.)			
2. Have you ever had Guillain-Barré Syndrome?			
(A viral illness resulting in neurological symptoms including paralysis.)			
3. Have you ever had a severe allergic (anaphylactic) reaction to eggs?			
4. Do you have a blood clotting disorder or are you taking blood-thinning			
medication?			
5. Are you pregnant?			
6. Have you ever received a flu shot before?			
7. Have you ever received a pneumonia shot before?			
8. Have you had a vaccine in the last 14 days?		-	

PLEASE READ CAREFULLY: I have read or have had explained to me the information about the 2020/2021 Influenza and/or Pneumonia Vaccine and have had a chance to ask questions which were answered to my satisfaction. By signing this form, I als agree that the personal and insurance information I provided above is accurate. I understand that Family Care Pharmacy has the right to bill me the cost of the vaccine if my insurance does not reimburse Family Care Pharmacy.	\$0 10
Signature of person to receive vaccine, or person authorized to make request: $m{ imes}$	_

CLINIC USE ONLY

Vaccine	Date Given	Manufacturer & Lot Number	Expiration Date Site		te	Route	Dose	Clinic Site	Administered By	vis
Influenza				RD	LD	IM	0.25cc 0.5cc	Auburn Hills		2021-2022
PPV-13				RD	LD	IM	0.5cc			
PPV-23				RD	LD	IM	0.5cc			