Rx:	LA	RA	Lot #

Vaccine Consent Form

Patient Name: _____ Date: -_____ F: ☐ M: ☐

DOB: _____ Age: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Race: Native American Asian Black or African American White or Other

Ethnicity: Hispanic or Latin Non-Hispanic or Latin

Primary Care Physician name and Phone number…….

SSN: ……. Medicare Part B #.....

I want to receive the following Immunizations:

Flu Shingles Tdap RSV COVID 19 Pneumonia

Screening Questionnaire							
Are you currently ill or do you have a fever?	☐	Yes	☐	No	Unknown	☐	
Have you received the vaccine before?	☐	Yes	☐	No	Unknown	☐	
Have you had a reaction to the vaccine before?	☐	Yes	☐	No	Unknown	☐	
Have you been sick in the last 2 weeks?	☐	Yes	☐	No	Unknown	☐	
Are you allergic to egg or dairy products?	☐	Yes	☐	No	Unknown	☐	
Are you allergic to thimerosal?	☐	Yes	☐	No	Unknown	☐	
Are you pregnant?	☐	Yes	☐	No	Unknown	☐	
Are you a Health Care worker?	☐	Yes	☐	No	Unknown	☐	
Have you ever had Guillain-Barre syndrome?	☐	Yes	☐	No	Unknown	☐	
Do you have a blood-clotting disorder?	☐	Yes	☐	No	Unknown	☐	
Are you taking blood-thinning medication?	☐	Yes	☐	No	Unknown	☐	

I have read, or have had read to me, the written information regarding the vaccine(s) marked above. I have had the opportunity to ask ques1ions that were answered to my satisfaction. I understand the benefits and risks of the vaccine(s) being administered and have received a copy of a current Vaccine Information Sheet or got from their website durhampharmacy.net for each vaccine I am *receiving* today. I, on behalf of myself, my heirs, executors, personal representatives, agents, successors, and assigns hereby agree to release, indemnify and hold harmless Durham Pharmacy Pharmacists. contractors, and employees from any and all claims arising out of, in connection with, or in any way related to the administration of the vaccine(s) marked above. I certify that I am at least 18 years old and hereby give my consent to the pharmacists of the Durham Pharmacy to administer the vaccine(s) marked above. If under 18 years old signature by parent or guardian required.

Signature……. Date……