

IMMUNIZATION SCREENING AND CONSENT FORM

NAME:	Which Vaccine(s) Would You Like Today? In Which Arm?			
	<input type="checkbox"/> Moderna (3+)	Left - Right	<input type="checkbox"/> Flu (3+)	Left - Right
DOB:	<input type="checkbox"/> Pfizer (12+)	Left - Right	<input type="checkbox"/> Shingles (50+)	Left - Right
	<input type="checkbox"/> Novavax (12+)	Left - Right	<input type="checkbox"/> Pneumonia (18+)	Left - Right
IF YOU ARE NEW TO US PLEASE COMPLETE FIELDS BELOW: STREET ADDRESS + ZIP CODE:	<input type="checkbox"/> RSV (60+)	Left - Right	<input type="checkbox"/> Tetanus/Pertussis (18+)	Left - Right
	<input type="checkbox"/> MMR (18+)	Left - Right		
	<input type="checkbox"/>	Left - Right		
PHONE				
STAFF NOTES:		VIS DATES	RSV 10-19-23	MMR 08-06-21
			COVID-19 10-19-23	PCV 05-12-23
			Flu 08-06-21	Tdap 08-06-21

Pre-Immunization Questionnaire

1. Are you sick today? Do you have symptoms other than mild coughing, runny nose, and/or diarrhea?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you have allergies to food (GELATIN, EGGS?), medication, or vaccines? If yes, please list:	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever had a serious reaction after receiving influenza, pneumonia, or any other vaccination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you being vaccinated against COVID-19 today? If yes, complete the following: → What was the approximate last date of vaccination against COVID-19? _____ → What COVID-19 vaccine was used for your most recent dose? <input type="checkbox"/> Moderna <input type="checkbox"/> Pfizer <input type="checkbox"/> Novavax <input type="checkbox"/> Other: _____ → Check all that apply to the person being vaccinated against COVID-19: <input type="checkbox"/> Have a history of myocarditis or pericarditis ... <input type="checkbox"/> Have a history of Multisystem Inflammatory Syndrome (MIS-C or MIS-A)? <input type="checkbox"/> Have a history of thrombosis with thrombocytopenia syndrome (TTS) <input type="checkbox"/> History of an immune-mediated syndrome defined by thrombosis and thrombocytopenia, such as heparin- induced thrombocytopenia (HIT) <input type="checkbox"/> Have a history of Guillain-Barré Syndrome (GBS) <input type="checkbox"/> Vaccinated with monkeypox vaccine in the last 4 weeks? <input type="checkbox"/> Have a history of COVID-19 within the past 3 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Immunization Agreement

- I have received the Vaccine Information Statement (VIS).
- I will remain in the pharmacy after the injection for observation and will notify Village Apothecary of any adverse events associated with immunization.
- Permission is hereby granted to the Village Apothecary to release information to my primary physician regarding vaccinations received today.
- I hereby release Village Apothecary, pharmacists, staff, sponsoring physician, and their respective affiliates, contractors, agents, and employees, from any and all claims arising out of, in connection with or in any way related to my receipt of this/these immunization(s). Village Apothecary and aforementioned parties shall not at any time or to any extent whatsoever be liable, responsible, or in any way accountable for any loss, injury, death or damage suffered or sustained by any person at any time in connection with or as a result of this vaccine program or the administration of the vaccines described above.
- I understand Village Apothecary will submit all immunizations for all patients to the New York State Immunization Information System (NYSIIS).

I have been counseled and believe the benefits outweigh the risks and agree to be vaccinated today with the above selected vaccines		
Signature	Printed Name <input type="checkbox"/> I am the patient's parent or guardian	Date
<input type="checkbox"/> I DO NOT have a Primary Care Physician <input type="checkbox"/> I DO have a Primary Care Physician Physician Name: _____		

Immunizer Signature	Printed Name	Title	Date	Address of Vaccination
	<input type="checkbox"/> Neal Smoller <input type="checkbox"/> Nicole Ball <input type="checkbox"/> Jen Byrne <input type="checkbox"/>			<input type="checkbox"/> 79 Tinker Street, Woodstock, NY 12498 <input type="checkbox"/>