

McLaren Print System Order

Order No: 5727
Order Date: 2014-09-11
User: lynn thomas

Ship Location: Flushing Community Medical Center
2487 N Elms Rd
Flushing, MI 48433

Forms

Quantity: 100
Paragon Dept No: 63600
Dept Name: Flushing
Company Number: 810

Order Total Price: 11.70

Form Number: MM-152
Form Description: Pneumococcal Vaccine Consent / Administration
Revision Date: 9/2012
Print: 1 sided black and white
Paper: 2 Part (White, Yellow)
Size: 8.5 x 11
Fold:
Finish:
Drill: None

McLaren Medical Group

PNEUMOCOCCAL VACCINE CONSENT/ADMINISTRATION

Last Name _____ First Name _____ Sex: Male Female
Address _____
City _____ State _____ Zip _____
Telephone (_____) _____ Physician _____
Date of Birth _____ Medicare Number (if applicable) _____

Please complete the following questions to appropriately evaluate any contradiction to receiving the pneumococcal vaccine.

- 1. Are you 65 years of age or older? Yes No
- 2. Have you received the vaccine before? Yes, Date ____/____/____ No
- 3. Do you have a chronic illness? Yes No
(if yes, please specify) _____
- 4. Do you have Hodgkin's Disease? Yes No
- 5. Are you allergic to any medications or food? Yes No
- 6. Are you pregnant? Yes No
- 7. Are you a nursing mother? Yes No
- 8. Do you have an infection? Yes No

Having received the pneumococcal vaccine information (dated 10-6-09) and informed consent, I hereby agree to release and hold McLaren Ambulatory Care Center/McLaren Occupational Health/Conveners/Flushing Care Center, its employees, agents and representative harmless from further responsibility, with regard to my receiving the injection.

I have read the above information and have had the opportunity to ask questions. I understand the benefits and risks of the pneumococcal vaccine as described. I request that the pneumococcal vaccine be given to me or to the person named for whom I am authorized to sign.

Signature of Patient or Authorized Representative (Relationship) _____
Date ____/____/____

FOR CLINIC USE ONLY:
Site of Injection Right Deltoid Left Deltoid
Manufacturer _____ Lot number _____ Expiration date ____/____/____
Given by _____ Date ____/____/____