

McLaren Print System Order

Order No: 5728
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 contraindication 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 ____/____/____

PNEUMOCOCCAL VACCINE CONSENT/ ADMINISTRATION

MM-152-12 ORIGINAL - Center CANARY - Patient