Wellness Pharmacy Services

Vaccine Consent Form – Multiple Vaccines

1 PATIENT IDENTIFICATION

Patient Name:	Date of Birth:
Address:	Gender:
City, State, Zip:	Facility Name:

2 SCREENING QUESTIONS

Have you received the the Flu or Covid vaccine before?
Have you had a past severe allergic reaction to a medication, injectable medication or any other vaccine? If yes, please describe.
Serious allergy to chicken eggs?
History of Guillian-Barre Syndrome (GBS)?

3 CONSENT & RELEASE

- I, the undersigned, have received information about the risk and benefits of the vaccines listed below.
- I have had the opportunity to ask questions and have received answers to my satisfaction.
- I understand the vaccination process and freely consent to such process.
- I understand that I will be screened for eligibility prior to receiving any vaccine dose based on the recommended vaccine schedule by the National Advistory Committee for Immunization Practices (ACIP).
- I understand that I may change my mind about vaccination at any time prior to receiving the vaccine(s).
- I understand that this consent form is good for 1 year.
- I consent to the vaccines selected below as indicated by circling Yes. My signature also authorizes entry of the vaccination(s) into the State Immunization Registraty if required.

Vaccine	**Consent (Circle Yes or No)**
Influenza	Yes No
COVID-19	Yes No

I hereby release Wellness Pharmacy Services, its employees, agents, representatives and assigns, including but not limited to the property owner upon which the event takes place, and its respective parent, subsidiary and affiliated companies, from any and all liability that may be associated with my receipt of the vaccine.

Signature Today's Date:

Parent/Guardian (if under 18:) Today's Date:

VACCINE ADMINISTRATION INFORMATION FOR IMMUNIZER/PHARMACIST/NURSE ONLY

Administation Date:	Patient Temperature:	
Route: □ Arm □ Leg Site: □ Left □ Right	Vaccine Type #1:	Vaccine Expiration #1 and Lot#:
Route: □ Arm □ Leg Site: □ Left □ Right	Vaccine Type #2:	Vaccine Expiration #2 and Lot#:
Immunizer Name & Title:		Immunizer Signature: