

CONSENT AND RELEASE – VACCINATIONS



LAST NAME	FIRST	MIDDLE
DATE OF BIRTH	MEDICARE NUMBER	GENDER: <input type="checkbox"/> M <input type="checkbox"/> F

I acknowledge that I understand the benefits and risks of the requested vaccination as described in the Vaccine Information Sheet, a copy of which is provided with this Consent and Release. I confirm that VALABCO, Inc., on behalf of its pharmacy operations in all divisions, ("Ordway") has answered to my satisfaction all of my questions about the vaccine and the vaccination procedure. I request and consent that the vaccination to be given, as I direct Ordway, either to me or to the person named above, a minor for whom I represent that I am authorized to sign this Consent and Release. I understand that I am giving Ordway permission to release any applicable information, to enable Ordway to process my insurance claims with respect to the vaccination

I, for myself (and for the recipient of the vaccination, if the recipient is a minor), my heirs, executors and assigns hereby release Ordway and its divisions and affiliates and their respective officers, directors, employees, agents and representatives from any and all claims arising out of or in connection with the quality of the above-described vaccine(s) as provided by the manufacturer and any negligence of Ordway in connection with the related injection of the vaccination. I understand that the laws of my state may affect my remedies in connection with this vaccination.

SIGNATURE OF PERSON TO RECEIVE VACCINE(S) (or Parent or Guardian, if Recipient is a Minor)

DATE

PRINT NAME OF PARENT OR GUARDIAN, IF RECIPIENT IS A MINOR and PHONE NUMBER

		YES	NO	DON'T KNOW
HISTORY	Have you received the TETANUS vaccine in the last 10 years?			
	Patients 65 years of age or older, patients that have asthma and patients that smoke: Have you ever received the PNEUMONIA vaccine: If so, when:			
	Patients 60 years of age or older: Have you ever received the SHINGLES vaccine?			
GENERAL	Are you sick today ?			
	Do you have a serious allergy to ANY medications or food? (Eggs, Gelatin, Thimerosal, Neomycin, Gentamicin) If yes, please list:			
	Have you ever had a serious reaction or fainted after receiving any vaccine?			
	Do you have a sensitivity to latex ? (Gloves, Bandages)			
	For women: Are you pregnant or considering becoming pregnant?			
PERTUSSIS	Do you have a seizure disorder or a brain disorder?			
LIVE	Have you received any vaccination in the past 4 weeks?			
	Do you have cancer, leukemia, HIV or any other immune system problem?			
	Do you take prednisone, other steroids, anticancer drugs or antiviral medications?			
	During the past year, have you received a transfusion of blood or blood products, been given immune (gamma) globulin or had radiation therapy?			

FOR PHARMACY USE ONLY:

VACCINE/SERVICE	PRICE	LOT #	EXP DATE	SITE OF INJECTION	VACCINE/SERVICE	PRICE	LOT #	EXP DATE	SITE OF INJECTION
Gardasil	179.99			IM L / R Deltoid	Tetanus/Diphtheria	44.99			IM L / R Deltoid
Hepatitis A	86.99			IM L / R Deltoid	Tetanus/Diphtheria/Pertussis	64.99			IM L / R Deltoid
Hepatitis B	79.99			IM L / R Deltoid	Twinrix	124.99			IM L / R Deltoid
Influenza	30.00			IM L / R Deltoid	Typhoid	79.99			IM L / R Deltoid
MMR	79.99			SC L / R PLUA	Typhoid – Oral Vivotif	73.99			PO MEDICATION
Meningococcal	139.99			IM L / R Deloid	Variella	129.99			SC L / R PLUA
Pneumococcal	59.99			IM L / R Deltoid	Zostavax	214.99			SC L / R PLUA
				SC L / R PLUA	Travel Consultant	45.00			
Polio	65.99			IM L / R Deltoid	Administration Fee	20.00			
Tetanus Toxoid	44.99			IM L / R Deltoid					

SIGNATURE OF PHARMACIST

DATE VIS PROVIDED TO PATIENT

KEEP FOR TEN (10) YEARS / FILE WITH PRESCRIPTION HARDCOPIES*

ORDWAY DRUGS AND MEDICAL SUPPLIES / 499 ALVARADO STREET @ PEARL / MONTEREY, CA 93940 / 831-372-8085

*Prices are subject to change

Updated 8/10/10