



**PNEUMONIA VACCINATION  
ASSESSMENT & CONSENT FORM**

\_\_\_\_\_  
Clinic Name

\_\_\_\_\_  
Date  Billed  AR  MCIR

- Yes No
- Have you had the pneumonia vaccine in the past? If so, which type:  PCV13 (Pneumovax) and/or  PPSV23 (Pneumonvax)
  - Are you currently sick with a fever greater than 100 degrees Fahrenheit?
  - Have you had a cold or other respiratory infection in the last week?
  - Did you start taking an antibiotic in the last 48 hours?
  - Do you have Asthma, Diabetes, or any other chronic conditions? Describe: \_\_\_\_\_
  - Are you a smoker?
  - Are you currently receiving Radiation, Chemotherapy or other immunosuppressive therapy?  
Last Treatment? \_\_\_\_\_ Next Treatment date? \_\_\_\_\_
  - Have you had another immunization in the last 14 days? If yes, please list \_\_\_\_\_
  - Are you pregnant or a nursing mother?
  - Have you ever had a severe allergic reaction? (food, medicine, flu shots, other), i.e. hives, breathing difficulty requiring emergency medical treatment or within 48 hours of a previous vaccine? If yes, specify \_\_\_\_\_

**QUESTIONS**

If you have any questions about Pneumonia or the vaccination, please ask the nurse for clarification now or call your doctor before requesting the vaccine. If you have any questions or concerns following the vaccination, please call the MC VNA at 800-852-1232. If you experience any adverse effects from the vaccination, please contact your physician and notify MC VNA (also notify your employer if you received your vaccination at work).

**CONSENT AND RELEASE FOR INFLUENZA VACCINE**

- I have read the Vaccination Information Sheet regarding the Pneumococcal vaccine. I have had an opportunity to ask questions, and my questions have been answered to my satisfaction. I understand the benefits and risks of the vaccination as described. I request that the vaccine be given to me. I understand the vaccination is being provided by MC VNA. I expressly release MC VNA from any liability resulting from the vaccine.
- I agree to remain under observation for at least 15 minutes. Should I leave before that period lapses, I expressly release MC VNA from any liability resulting from any adverse reaction to the vaccine which may occur during that period and thereafter. I understand that if I experience any side effects, it will be my responsibility to follow up with my physician at my expense. I understand side effects may include, but are not limited to: pain, swelling, itching and redness at the injection site, fever and difficulty breathing. Severe reactions may include anaphylaxis and death.
- In the event an MC VNA employee is exposed to my blood or other body fluids, I agree to have my blood tested for HIV & Hepatitis & the results released to MC VNA/exposed person, but not to anyone else unless required/authorized by law.
- I acknowledge that I have received written information on MC VNA's "Notice of Privacy Practices" prior to the provision of service, and I have had the opportunity to have my questions answered.
- Unless cash/check are indicated below, I wish to have MC VNA bill my insurance for the cost of my vaccination.
- I acknowledge I am responsible to reimburse MC VNA for charges not covered by insurance or applied to deductible.

**CLIENT INFORMATION**

\_\_\_\_\_  
Legal Name (as it appears on card)  M  F Birthdate (MM\DD\YYYY) \_\_\_\_\_ Age \_\_\_\_\_ Weight (if < 110 lbs) \_\_\_\_\_

\_\_\_\_\_  
Street Address / Apt. No. City State ZIP Telephone

Client has the following insurance plans with VACCINE COVERAGE?  BCBS (except TEA prefix or Anthem)  BCN  
 HAP (except CIGNA)  Medicare Part B  PHP  Priority Health  
 Cash - Amt: \_\_\_\_\_  Check - Number\Amount: \_\_\_\_\_  Clinic Paid

\_\_\_\_\_  
Insurance Contract ID Responsible Party or Cardholder Name Responsible Party Birthdate  
 (Enrollee / Subscriber / Member ID)

\_\_\_\_\_  
Signature of Client/Guardian Date Email Address

**TO BE COMPLETED BY CLINIC STAFF**

PPSV 23 (CPT 90732)  0.5 cc PCV 13 (CPT 90670)  0.5 cc  Right Deltoid IM  Left Deltoid IM

\_\_\_\_\_  
Lot # / Exp Date Nurse Signature Date