

GES 4-5

QUICKCARE Pharmacy

Vaccine Administration Record (VAS) Informed Consent for Vaccination

Please print clearly. 350 Sunset Dr. Grenada, MS 38901 Phone: 662-307-2221 Fax: 662-307-243.

Name _____

Address _____

City _____ State _____ Zip _____

Phone () _____

Birthdate _____

Gender male female

Insurance _____ SSN# _____

Vaccine Flu Pneumonia Other _____

Allergies _____

<i>The following questions will help us determine your eligibility to be vaccinated today</i>	Yes	No
1. Do you have fever, diarrhea, or have you vomited today?		
2. Have you ever had a serious reaction after receiving any vaccination?		
3. If you are 65 years of age or older: Have you ever had a pneumonia vaccination?		
4. For women, Are you pregnant or considering becoming pregnant in the next month?		

Signature: _____ Date: _____

Person Receiving Vaccine (or Parent/Gardian, if recipient is a minor)

Vaccination Record

Vaccine	Lot #	Exp Date	Site of Injection