

McLaren Print System Order

Order No: 6469
Order Date: 2014-10-15
User: Danielle Cahoon
Phone: 810-688-3093

Ship Location: McLaren Family Care Center/Danielle Cahoon
4482 Huron Street
North Branch, MI 48461

Forms

Quantity: 100
Paragon Dept No: 65250
Dept Name: McLaren Family Care Center-North Branch
Company Number: 810

Order Total Price: 11.70

Item Number: MM-152
Item Description: Pneumococcal Vaccine Consent / Administration
Revision Date:
Print: 1 sided black and white
Paper: 2 Part (White, Yellow)
Size: 8.5 x 11
Fold:
Finish:
Drill: None
Misc Info:

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
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/Convenient Prompt 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 Deloid Left Deloid
Manufacturer Lot number Expiration date
Given by Date