

# Vaccine Administration Record

Hurricane Family Pharmacy

25 N 2000 W

Hurricane, UT 84737-4111

Phone: (435) 635-8200 Fax: (435) 635-4938

Ex: 0

Name: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Allergies: \_\_\_\_\_ Race: \_\_\_\_\_  
 Primary Care Physician: \_\_\_\_\_ Office Phone Number: \_\_\_\_\_

- Screening Questions**
- |   |     |    |
|---|-----|----|
| 1. Are you sick today?  | Yes | No |
| 2. Do you have allergies to medications, food, eggs, yeast, a vaccine component, or latex?  | Yes | No |
| 3. Have you ever had a serious reaction after receiving a vaccination?  | Yes | No |
| 4. Has any physician or other healthcare professional ever cautioned or warned you about receiving certain vaccines or receiving vaccines outside of a medical setting?                           | Yes | No |
| 5. Do you have a long-term health problem such as heart disease, lung disease, liver disease, asthma, kidney disease, metabolic disease (e.g., diabetes) anemia or other blood disorder?          | Yes | No |
| 6. Do you have cancer, leukemia, HIV/AIDS, or any other immune system problem? Have you been diagnosed with rheumatoid arthritis, ankylosing spondylitis, Crohn's disease, herpes, or cold sores? | Yes | No |
| 7. In the past 3 months, have you taken medications that weaken your immune system such as cortisone, prednisone, other steroids, or anticancer drugs, or have you had radiation treatments?      | Yes | No |
| 8. Have you had a seizure or a brain or other nervous system problem or Guillain Barre?   | Yes | No |
| 9. During the past year, have you received a transfusion of blood or blood products, or been given immune (gamma) globulin or antiviral drug (including acyclovir famciclovir, valacyclovir)?     | Yes | No |
| 10. For women: Are you pregnant or is there a chance you could become pregnant during the next month?   | Yes | No |
| 11. Have you received any vaccinations or TB skin test in the past 4 weeks?   | Yes | No |
| 12. Do you have a history of fainting, particularly with vaccines?  | Yes | No |
| 13. For Tdap and adult Td: Do you have a cut, injury, puncture or open wound that prompted you to get a tetanus shot?   | Yes | No |
| 14. For Zoster: Have you had a past reaction to gelatin or triple antibiotic ointment?  | Yes | No |

**Consent**

I have read, or have had read to me, the written information regarding the vaccine(s) being administered. I have had the opportunity to ask questions that were answered to my satisfaction. I understand the benefits and risks of the vaccine(s) being administered and have received a copy of a current Vaccine Information Sheet. I certify that I am at least 18 years old and hereby give my consent to the pharmacists of this Mutual Member Drug Store to administer the vaccine(s). If under 18 years old signature by parent or guardian is required. I, on behalf of myself, my heirs, executors, personal representatives, agents, successors, and assigns hereby agree to release, indemnify, and hold harmless Mutual Drug Administration of the vaccine(s).

I agree to wait near the vaccination location for approximately 15 minutes for observation by the pharmacist.

Name (print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Administration (Pharmacist Use Only)**

Vaccine	Product Name	Manufacturer	Lot	Exp Date	Dose	Site of Injection	Date of VIS	Signature of administrator of vaccine
Hepatitis A (Age 19+)	Vaqta (Adult)	Merck			1 ml	LD RD	10/25/2011	
Hepatitis B (Age 20+)	Recomblivax HB (Adult)	Merck			1 ml	LD RD	2/2/2012	
Herpes Zoster	Shingrix	GSK			0.5 ml	LD RD	10/6/2009	
Influenza (TIV)	Fluvirin Fluarix	Novartis GSK			0.5 ml	LD RD	8/19/2014	
Influenza (QIV)	Fluarix Quad	GSK			0.5 ml	LD RD	8/19/2014	
Influenza (HD)	Fluzone HD	Sanofi			0.5 ml	LD RD	8/19/2014	
Pneumococcal Conjugate (PCV13)	Prevnar 13	Pfizer			0.5 ml	LD RD	2/27/2013	
Pneumococcal Polysaccharide (PPSV23)	Pneumovax 23	Merck			0.5 ml	LD RD	10/6/2019	
Tetanus, Diphtheria Toxoids & Acellular Pertussis (Tdap)	Boostrix	GSK			0.5 ml	LD RD	5/9/2013	