

Aegis #: _____
 Clerk Initial: _____

Laurens County Health Department VACCINE CONSENT FORM

	VACCINE	LOT #	CPT #	Carton NDC # / MFR	Exp date	Site of Vaccination (Circle One)	Route
TO BE COMPLETED BY HEALTH DEPARTMENT	<input type="checkbox"/> Fluzone High Dose (65 yrs & up)		90662			LA / RA	IM
	<input type="checkbox"/> Fluzone/Fluarix/Flulaval Quad – PF (6 mths & up)		90686			LA / RA	IM
	<input type="checkbox"/> Fluzone or Flulaval Quad MDV (6 mths & up)		90688			LA / RA	IM
	<input type="checkbox"/> Pneumovax 23		90732			LA / RA	IM
	<input type="checkbox"/> PCV 15		90671			LA / RA	IM
	<input type="checkbox"/> PCV 20		90677			LA / RA	IM
	Abbreviations:		Quad – Quadrivalent MDV – Multi dose vial GSK – GlaxoSmithKline	SYR – Syringe PF – Preservative free Mk – Merck	VL – Vial SP – Sanofi Pz - Pfizer		
VIS given: Inactive Flu-8/6/21 PPV 23-10/30/19 Pevnar 15 & 20 -5/12/23							
Date VIS Given: ____/____/____							
Signature of nurse: _____				Date: _____			

Statement of Understanding - I have read or have had explained to me the information on this form about pneumonia and/or influenza vaccine. I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of the vaccine and request that the vaccine be given to me or to the person named below for whom I am authorized to make this request.

- **HIPPA** - I have received the NOTICE OF PRIVACY POLICY FORM for the **Laurens** County Health Department.
- **Payment** - I understand that if my insurance is denied for any reason, the **Laurens** County Health Department will bill me for the vaccine administered.

Please PRINT All Information Below

First Name: _____ **Middle:** _____ **Last Name:** _____

Date of Birth: ____/____/____ **Age:** ____ **Race:** _____ **Gender (Circle):** M F

Phone #: _____ **SSN:** _____

Address: _____
Street Address

City State Zip

Allergies: No known allergies
 Allergies, Please list: _____

Signature of person to receive vaccine or person authorized to make request:

Signature: _____ Date: _____