

McElroy Pharmacy

Pneumonia Consent Form & Vaccine Administration Record

Pneumonia -- Pneumonia is inflamed lung tissue and can be caused by many types of germs. Symptoms of pneumonia caused by bacterial germs include a combination of high fever, cough with thick greenish or rust-colored mucus, shortness of breath, rapid breathing, sharp chest pain that is worse with deep breaths, abdominal pain, and severe fatigue. In high-risk groups, pneumonia could lead to further problems and even death.

The Vaccine -- The pneumococcal polysaccharide vaccine (PPV) protects against 23 types of pneumococcal bacteria, including the types that cause meningitis and bacteremia. An injection of PPV will NOT give you pneumonia. The vaccine is made from a dead virus. We recommend that you remain on site for up to 15 minutes following the injection to monitor for possible vaccine reactions. The vaccine should be taken only one time, but a 5-year booster is recommended in some cases.

Risks and Possible Side Effects -- Side effects of PPV are generally mild in adults. These reactions consist of pain and redness where the shot was given. These symptoms may last up to 48 hours. An immediate, presumably allergic, reaction rarely occurs after a PPV vaccination. This probably results from an allergy to some vaccine component.

Special Precautions -- Children, pregnant women, and persons with a serious illness should consult their physician before receiving the pneumonia vaccine.

Persons who are allergic to latex should notify the provider prior to receiving this vaccination.

DO NOT receive this vaccine if you have an active infection.

DO NOT receive this vaccine if you are a Hodgkin's disease patient and it will be fewer than 10 days prior to or during treatment with immunosuppressive drugs or radiation.

DO NOT receive this vaccine if you have had a serious reaction to the PPV in the past.

INFORMATION CONCERNING PERSON TO RECEIVE PNEUMONIA VACCINE:

NAME (please print) _____ DATE OF BIRTH _____ AGE _____ PHONE NUMBER _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

DO YOU HAVE ALLERGIES TO: Latex Pneumonia vaccine Other _____ ARE YOU PREGNANT? Yes No

ARE YOU CURRENTLY GETTING TREATMENT FOR HODGKIN'S DISEASE? Yes No

HAVE YOU RECEIVED A PNEUMONIA VACCINES IN THE LAST 5 YEARS? Yes No Don't know

ARE YOU CURRENTLY A PATIENT AT THIS PHARMACY? Yes No

ARE YOU INTERESTED IN RECEIVING MORE INFORMATION ABOUT MEDIHEALTH SOLUTIONS WELLNESS PROGRAMS? Yes No

NAME & ADDRESS OF FAMILY PHYSICIAN _____

CONSENT:

I have read the above information and have had an opportunity to ask questions. I understand the benefits and risks of the pneumonia vaccine as described. I request that the vaccine be given to me or to the person named below for whom I am authorized to sign.

SIGNATURE OF PERSON RECEIVING or AUTHORIZING VACCINE _____ DATE _____

MEDICARE RECIPIENTS PLEASE COMPLETE THE SECTION BELOW:

Please check one:

I hereby authorize the pharmacy to bill Medicare Part B on my behalf. I request that payment of authorized Medicare benefits be made to the pharmacy for **the pneumonia vaccine and its administration** as furnished to me by the pharmacy. I authorize any holder of medical information about me to release to the Center for Medicare and Medicaid Services (CMS) and its agents any information needed to determine these benefits payable for related services.

I hereby attest that as of the date indicated above, I am **not** enrolled in Medicare Part B.

Vaccination Information (office use only)

Merck / Lot #: _____ Exp. / /

Dose: 0.5mL Admin. Site: R L Arm Thigh

Amount Paid: _____

Signature & Title of
Vaccine Administrator: _____

Date Administered: _____

Medicare Health Insurance Claim Number (HICN): _____