Walgreens

healthcare clinic

Vaccine Administration Record (VAR) Informed Consent for Vaccination*

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SECTION B The following questions will help us determine your eligibility to be vaccinated today.															١	YES	NO	DON	N																							
Which vaccines are you requesting to have administered today? Please check all requested vaccines:																_																										
		1. [are yo											156 0	11151	rka Flu J	ii i o ii D	(ane	13 E	ያው ያው የትታነ			Pne	umo	nia	Γ	\neg :	Shir	gle:	s		Oth	er_						
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	2. Do you feel sick today?																 	\dagger																								
NES	3. Do you have allergies to medications, food or vaccines? (Examples: eggs, bovine protein, gelatin, gentamicin, polymyxin, neomycin, phenol or thimerosal) If yes, please list the allergies:																																									
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	\vdash	4. E	Llave	you it	or k	nad a	earin	110 re	actic	n to	an in	fluer	078 V	acci	ne or	anv	other	vac	cine	in t	he p	ast	?							-		,,										
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ALL VACCINES	_	7.	Are y	ou 65	yea	rs of a	ige o	r old	er?																													+		├—	 	
		8.	Do yo	ou sm	oke?	,																																+		 -		
A	8. Do you smoke? 9. Do you have a chronic condition or long-term health problem? If yes, please check all that apply.																																									
		Anemia Asthma Diabetes Heart disease Kidney disease Liver disease Lung disease Uther																																								
		10. If you answered YES to question #7, 8 or 9, have you ever had a pneumonia vaccination?															+																									
	11. Have you ever had a shingles vaccination (for patients 60 years of age and older only)?															╁		-																								
	12. Are you a healthcare worker?																┼	+																								
		13. For women: Are you pregnant or considering becoming pregnant in the next month?																╁																								
-		14. Are you currently on home infusions, weekly injections, steroid therapy, anticancer drugs or radiation treatments?																ļ																								
S		15. Do you have cancer, leukemia, lymphoma, HIV/AIDS or any other immune system disorder or are you in contact with anyone who has a severely																																								
ACCINES	-	weakened immune system? 16. Have you received a transfusion of blood or blood products, or been given a medicine called immune (gamma) globulin in the past year?																																								
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