Kansas Department of Health and Environment

Pneumococcal Vaccination Consent Form

Resident Information

Last Name: _____ First Name: _____ Date of Birth: _____

Screening for influenza vaccine eligibility

1. Have you ever had a life-threatening reaction to the pneumococcal vaccine? ☐ Yes ☐ No
2. Are you moderately or severely ill today? ☐ Yes ☐ No

If yes to any questions 1 then DO NOT vaccinate with pneumococcal vaccine. If yes to question 2, vaccinate when resident has recovered.

I have read or had explained to me the Vaccination Information Statement about pneumococcal vaccination and I understand the benefits and risks of pneumococcal vaccination. I request that the pneumococcal vaccination be given to me (or the person named above for whom I am authorized to make this request).

Signature: _____ Date: _____

Name (print or type): _____

Relationship to Resident: _____

To be completed by person administering vaccine

Today's Date: _____ Age of Patient: _____

Site of Injection: ☐ R ☐ L Administered by: _____

Lot Number: _____ Expiration Date: _____

Medical Record Number: _____ Room Number: _____