

Vaccine Administration Record

HealthRidge Pharmacy

3130 US 70 HWY

Black Mountain, NC 28711-9108

Phone: (828) 669-9970 Fax: (828) 669-9980

Name: _____ Male: _____ Female: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Allergies: _____ Race: _____

Primary Care Physician: _____ Social Security Number: _____

Screening Questions

(only to look up insurance
info if no card was available)

- | | | |
|---|-----|----|
| 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 |

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 HealthRidge Pharmacy 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 Cold Mountain Pharmacy Services L.L.C. dba HealthRidge Pharmacy, its subsidiaries, divisions, affiliates, agents, officers, directors, contractors, and employees from any and all claims arising out of, in connection with, or in any way related to the 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
MMR	M-M-R II	Merck			0.5 ml	LTSC RTSC	2/12/2018	
Hepatitis B (Age 20+)	Recombivax HB (Adult)	Merck			1 ml	LD RD	2/2/2012	
Recombinant Zoster	SHINGRIX	GSK			0.5 ml	LD RD	02/12/2018	
Varicella	Varivax	Merck			0.5 ml	LTSC RTSC	2/12/2018	
Influenza	Afluria Fluad (senior) Flucelvax (egg free)	Seqiris	AU1061D 371597 944467	5/31/24 5/22/24 6/26/24	0.5 ml	LD RD	8/6/2021	
Pneumococcal Conjugate (PCV13)	Prevnar 13	Pfizer			0.5 ml	LD RD	11/05/2015	
Pneumococcal Polysaccharide (PPSV23)	Pneumovax 23	Merck			0.5 ml	LD RD	4/24/2015	
Tetanus, Diphtheria Toxoids & Acellular Pertussis (Tdap)	Boostrix	GSK			0.5 ml	LD RD	2/24/2015	