

# VACCINE CONSENT FORM - KANAB DRUG

PATIENT NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

PHONE \_\_\_\_\_ MOTHER'S MAIDEN NAME\* \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ALLERGIES\*\* \_\_\_\_\_

BIRTH SEX:  M  F ARE YOU PREGNANT/BREASTFEEDING?  Y  N HISPANIC/LATINO?  Y  N

RACE:  WHITE  ASIAN  BLACK  PACIFIC ISLANDER  NATIVE AMERICAN  OTHER

*\*The Utah Statewide Immunization Information System (USIIS) uses this information to identify, prevent, and resolve duplicated and fragmented patient records using an automated process.*

*\*\*Please include anything that causes hives, swelling, respiratory distress, wheezing, or anaphylaxis; such as food, latex, medication, or a vaccine component.*

VACCINE(S):  FLU  PNEUMONIA  RSV  SHINGLES  TDAP  COVID

1. Are you feeling sick today?.....  Y  N
2. Have you ever had a serious reaction after receiving a vaccination?.....  Y  N
3. Do you have any of the following? If so, please mark which.....  Y  N  
 Heart disease  Lung disease  Kidney disease  Diabetes  Asthma  
 A blood disorder  No spleen  A cochlear implant  Cancer  Leukemia  
 Complement component deficiency  Spinal fluid leak  HIV/AIDS  
 Other immune system problems
5. Do you have a parent or sibling with an immune system problem?.....  Y  N
6. In the past 3 months, have you had/taken any of the following?.....  Y  N  
Prednisone, other steroids, or anticancer drugs; drugs for the treatment of rheumatoid arthritis,  
Crohn's disease, or psoriasis; or have you had radiation treatments?
7. Have you had a seizure or other brain/nervous system problem?.....  Y  N
8. During the past year, have you received a transfusion of blood or blood products,  
Or been given immune (gamma) globulin or an antiviral drug?.....  Y  N
9. Have you received any vaccinations in the past 4 weeks?.....  Y  N

### Consent for Treatment & Privacy Notice

*I certify that the information I have provided is true and accurate. I have had a chance to review the vaccine information (EUA Fact Sheet) and consent to receive the 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. I understand and agree that information related to my vaccine administration may be recorded in the Utah Statewide Immunization Information System (USIIS). I hereby release Kanab United Drug (KUD) and its employees from all claims arising from such immunizations. We are required to inform you of our privacy practices for the information we collect and keep about you. I have been given the option to receive KUD's Notice of Privacy Practices and have had an opportunity to ask questions about how my information may be used.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to patient:  Self  Parent  Legal Guardian  Other \_\_\_\_\_