Wegmans Pharmacy Informed Consent/Screening Questionnaire to Receive Inactivated Injectable Influenza Vaccine (NY)

Name: _____ Date of Birth: _____ Age: _____ Gender: _____ Local Phone # _____
mm/dd/yy

Local Address: _____ City _____ State: _____ Zip: _____ Allergies: _____
Faculty/Staff/Other – HOME address

Primary Care or other Physician **(NON-STUDENTS ONLY):** _____ Physician Address: _____

Primary Care or other Physician **(STUDENTS):** Dr. Anne Jones Physician Address: 110 Ho Plaza, Ithaca, New York, 14853

Please check which one best describes you: ☐ Student ☐ Student Spouse/Domestic Partner **W/ SHP** ☐ Faculty/ Staff ☐ Retiree ☐ Other

IF APPLICABLE, PLEASE PROVIDE: Cornell ID: ☐☐☐☐☐☐☐ Net ID: _____

Screening Questionnaire for Vaccination

The following questions help us determine which vaccines you may be given today. If you answer "Yes" to any question, it does not necessarily mean you should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your pharmacist to explain it.

		YES	NO	UNKNOWN
1.	*Is the person to be vaccinated sick today?*	☐	☐	☐
2.	*Does the person to be vaccinated have an allergy to medications, food, a vaccine component, or latex?*	☐	☐	☐
3.	*Has the person to be vaccinated ever had a serious reaction after receiving a vaccination?*	☐	☐	☐
4.	*Has the person to be vaccinated had a seizure or a brain or other nervous system problem, including Guillain-Barré syndrome?*	☐	☐	☐
5.	*Does the person to be vaccinated have cancer, leukemia, HIV/AIDS, or any other immune system problem?*	☐	☐	☐
6.	***Females only**: Is the person to be vaccinated pregnant or is there a chance they could become pregnant during the next month?*	☐	☐	☐

Questionnaire adapted from the Immunization Action Coalition by permission

I have read, or have had read to me, the Vaccine Information Statement (VIS) developed by the Centers for Disease Control and Prevention (CDC) given with this Consent. I have had the opportunity to ask questions that were answered to my satisfaction. I understand the benefits and risks (including potential side effects and adverse reactions) of the vaccine(s). I consent to, or give consent for, the administration of the vaccine(s) marked below. I authorize my vaccination documentation to be forwarded to my primary care or other physician named above. I authorize my vaccination documentation to be forwarded to the collaborative prescribing physician for this program and/or the applicable State/Commonwealth Department of Health or its equivalent. If I am 19 years or older I acknowledge that, by signing below, I consent to my vaccine record being added to the online state Immunization Information System. I understand that it is recommended that I stay in the general area for 15 to 20 minutes after receiving my vaccination in case any immediate reactions occur. I understand that if I experience any side effects, it will be my responsibility to follow up with my physician at my expense. I hereby release the collaborative prescribing physician for this program, Wegmans Food Markets, Inc., its subsidiaries, affiliates, officers, employees and agents, from any and all liability that might arise from this vaccination on behalf of me, my heirs and personal representatives. I have been provided with a copy of the Wegmans Notice of Privacy Practices. I have been given a copy of this Consent form.

By signing below, I consent to receive healthcare calls from Wegmans Pharmacy at the telephone number(s) listed above regarding my prescription(s) and those of my dependent minors, and as a follow up to care that I have received or that my dependent minors have received.

Patient or Parent/Guardian Signature Relationship of Parent/Guardian to Patient (if applicable) Date

For Wegmans Use Only

Immunizing Pharmacist: Check vaccine provided and fill in table with required vaccine information

	Vaccine Name	Notes	Manufacturer	Dose (mL)
☐	AfluRIA QUAD MDV	5+, MDV	Seqirus	0.5
☐	fluZONE HD PFS	65+, PFS	Sanofi Pasteur	0.5
☐	fluCELVAX QUAD PFS	4+, preservative-free (best in pregnancy), PFS	Seqirus	0.5
☐	AfluRIA QUAD PFS	5+, preservative-free, PFS	Seqirus	0.5
☐	fluBLOK QUAD PFS	18+, egg-free (allergy or veganism), PFS	Sanofi Pasteur	0.5

Store:
Wegmans Pharmacy #71
500 South Meadow Street
Ithaca, NY 14850
P: (607) 277-1772
F: (607) 277-5890

Vaccine Information		Route (IM/SQ)	Site Given (circle one)	Date on VIS	Admin Date/ Date VIS Given to Patient
Lot	Expiration				
		IM	RA / LA	8/07/2015	

Form and questions have been reviewed by Immunizer Pharmacist signed below

Pharmacist Signature: _____ **RPH**

☐ Vaccine information was processed in EnterpriseRx