Name_____

Address_____

City_____State_____Zip_____

Phone_____ MALE FEMALE

DOB___/___/___ Physician_____

Allergies_____

BOUNTIFUL DRUG
47 East 500 South | T 801-295-3463
Bountiful, UT 84010 | F 801-298-8223

The following questions will help us determine which vaccine may be given today. If a question is not clear, please ask your health care provider to explain it.

	YES	NO	Don't Know
1. Are you sick today?	____	____	____
2. Do you have allergies to medications, food (including eggs), thimerosal, or any vaccine?	____	____	____
3. Have you ever had a serious reaction after receiving a vaccine?	____	____	____
4. Do you have cancer, leukemia, AIDS, or any other immune system problems?	____	____	____
5. Do you take cortisone, prednisone, other steroids, or anticancer drugs, or have you had X-ray treatments?	____	____	____
6. During the past year, have you received a transfusion of blood or blood products, or been given a medicine called immune (gamma) globulin?	____	____	____
7. For women: are you pregnant or is there a chance you could become pregnant during the next month?	____	____	____
8. Have you received any vaccinations in the past four weeks?	____	____	____

Did you bring your immunization record card with you? YES NO

I certify that I am at least 18 years old and hereby give my consent to the staff at Bountiful Drug to administer the vaccine(s) listed below. I understand that it is not possible to predict all possible side effects or complications associated with vaccines. I understand possible risks associated with influenza and/or pneumococcal vaccines may include but are not limited to: pain and redness at injection site, headache, fever, paralysis, muscle pain, Guillain-Barre Syndrome, encephalitis, or allergic reactions (including anaphylactic shock or death). I, on behalf of myself, my heirs, executors, personal representatives, agents, successors, and assigns hereby agree to release indemnify and hold harmless Bountiful Drug, its subsidiaries, 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 vaccines listed below.

Signature_____ Date___/___/___

Date	Immunization	Mfg	Lot	Exp. Date	Site	Administered by