

CARE-MART PHARMACY OFF-SITE IMMUNIZATION

***** PLEASE PRINT CLEARLY*****

Insurance Information

BIN# _____

PCN# _____

GROUP _____

ID# _____

NAME _____
LAST FIRST MI (Jr, Sr, I, II, III) as it appears on card

Date of Birth ____/____/____ Male/Female _____

***** PLEASE WRITE YOUR ADDRESS THAT IS ASSOCIATED WITH INSURANCE CARD*****

Address: _____

City: _____ Zip Code _____ Phone: _____

***** PLEASE WRITE YOUR DOCTOR'S INFORMATION, IF KNOWN*****

Primary Care Physician Name _____ Phone: _____

Statement: I authorize the release of any medical or other information necessary to process the claim. I also request payment of government benefits to the part who accepts assignment

Vaccine Receiving Today : **Inactivated Influenza Vaccine (IIV)**

Circle your answer

- | | | |
|---|-----|----|
| 1. Are you sick today? | Yes | No |
| 2. Do you have allergies to medications, food, a vaccine component or latex?
• If yes, please list allergies _____ | Yes | No |
| 3. Have you had a serious reaction after receiving a vaccination? | Yes | No |
| 4. Do you take cortisone, prednisone, other steroids, or anticancer drugs,
or have you had radiation treatments? | Yes | No |
| 5. Have you had a seizure or a brain or other nervous system problems? | Yes | No |
| 6. Have you had mastectomy, lymphedema, or lymph nodes removed? | Yes | No |

I have read or had explained to me the information on this form and Vaccine Information Statements (VIS) about flu. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risk for the flu vaccine and ask that it be given to me or the person named below for whom I am authorized to make this request. I understand it is recommended to remain on site for 15 minutes following injection.

Signature: _____ Date: ____/____/____

To be used by Pharmacy Department Only:

Vaccine Name: _____

Manufacturer: _____

Lot: _____

Injection Site: RIGHT / LEFT DELTOID (IM)

Amount: 0.5 mL

VIS Date: 01/31/25

Pharmacist Name: Preston Hall

Yaneya Hall

Signature: 