PNEUMOVAX 23
(PNEUMOCOCCAL POLYSACCHARIDE VACCINE – PPSV23)

		YES	NO
1.	Have you received a pneumonia vaccine in the past?	_____	_____
2.	Are you sick today?	_____	_____
3.	**FOR WOMEN ONLY:** Are you pregnant?	_____	_____
4.	Is the child under 2 years of age?	_____	_____
5.	Have you had a serious reaction to previous vaccinations?	_____	_____

If you checked YES to any of the above questions 1-5, the Nurse will further review your ability to receive your pneumonia shot today.

Nurse's Notes____

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↓ FILL IN BOX BELOW ↓

"I have read or have had explained to me the information in this pamphlet about pneumococcal vaccine. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of pneumococcal vaccine and ask that the vaccine be given to me or to the person named below for whom I am authorized to make this request."

Marquette County Health Department has made their Privacy Act practices available to me. ***(Initial here)***________

Please Print Clearly

Last Name **First** **M.I.** **Birth Date** **Age**

Address **City, State** **Zip Code** **County**

/ /

Signature **Date** **Phone Number**

By signing, you are giving permission to receive the vaccine and for us to bill insurance for same.

Cash [ ]

Medicaid [ ]

Medicare [ ]

VFC Eligible [ ]

Health Dept [ ]
Employee

Courthouse Employee [ ]

(Place insurance card here and copy)

FOR CLINIC/OFFICE USE

Clinic/Office Address: **MCHD** ____________________

Date Vaccine Administered: ____________________

Vaccine Manufacturer: ____________________

Vaccine Lot Number: ____________________

Site of Injection: **[ ] L [ ] R [ ] DELTOID** ____________________

Signature of Vaccine Administrator: ____________________

Title of Vaccine Administrator: **RN LPN** ____________________