

Senior Pneumococcal Vaccine Consent Form

Patient Information

Full Name

Date of Birth

Age

Address

Phone Number

Medical History

☐ Received pneumococcal vaccine before ☐ Allergic to vaccines/medications ☐ Currently unwell/fever

☐ Problems with immune system

If yes to any, please specify

Consent

I have read and understood the information regarding the pneumococcal vaccine. I have had the opportunity to ask questions and all my questions have been answered to my satisfaction. I consent to receive the pneumococcal vaccine.

Patient/Representative Signature

Date

For Healthcare Provider Use Only

Vaccine Type

Batch/Lot Number

Site of Administration

Date Given

Administered By (Name & Signature)