

Senior Citizen Pneumonia Vaccine Consent Form

Personal Information

Full Name

Date of Birth

Age

Address

Phone Number

Email

Health Screening

☐

Do you have any allergies?

☐

Are you currently ill or have a fever?

☐

Have you received a pneumonia vaccine before?

Current Medications

Other Medical Conditions

Consent

I have read and understood the information about the pneumonia vaccine.
I have had a chance to ask questions, which were answered to my satisfaction.
I consent to receive the pneumonia vaccine.

Signature: _____ Date: _____

