

# Pneumococcal vaccine CONSENT FORM

I have read the information (printed copy or digital download) about Pneumococcal Conjugate PCV20, PCV21 or Pneumococcal PPSV23 vaccination, entitled **VIS publication, per reference** attached to this Agreement and made a part of this Agreement by this reference.

That I understand the benefits as well as risks to me from receiving this vaccination and I wish to receive the Pneumococcal (Pneumonia) vaccination;

That, to the maximum extent permitted by law, I irrevocably, unconditionally and fully waive any claim for, and release and forever discharge The Shot Nurse-Memphis, P.C.; and their respective parent companies, subsidiaries, affiliated entities, successors and assigns; and all of their respective shareholders, directors, officers, members, employees, representatives, contractors and agents (collectively "the Organizers") from all actions, causes of actions, complaints, suits, debts, costs, claims, losses, damages and demands whatsoever, including injuries, disease or death (collectively "Damages"), which I, and anyone acting through, by or on my behalf, now has, or may have in the future, arising or alleged to arise in any way out of any cause, matter or thing relating to being vaccinated, regardless of the cause or blame, including, without limitation, any negligent acts or omissions of the Organizers or any of them; I further expressly agree that the waivers, releases and indemnities contained in this Agreement apply, without limitation, to negligent rescue operations, treatments or selection of medical personnel.

That, to the maximum extent permitted by law, I waive any statute, ordinance, regulation or requirement of any state to the effect that the general release herein does not extend to claims which I did not know or suspect existed at the time I signed this Agreement, which, if I had known, may have materially affected my decision to sign this Agreement; rather, I expressly agree that all such Damages are hereby waived and released to the maximum extent permitted by applicable law;

That if any court of competent jurisdiction finds any part of this Agreement to be invalid or unenforceable, the remainder of this Agreement will continue to be valid, binding and enforceable; that this Agreement will bind me and my family, heirs, administrators, executors, personal representatives and assigns and will benefit the Organizers and their successors and assigns; that this Agreement is the entire agreement between me and the Organizers relating to the Clinic; that this Agreement will be interpreted under the laws of the State of Tennessee, without reference to any choice of law principals and that any law suits or disputes relating to this Agreement will be brought only in the state or federal courts located in Shelby County, Tennessee; that I expressly and irrevocably consent to the jurisdiction of such Tennessee courts; that I did not receive any promise, representation, understanding or interpretation of any term of this Agreement as an inducement to sign this Agreement; and that no officer, employee, representative, contractor or agent of any of the Organizers is authorized to alter or vary the terms or provisions of this Agreement or to make any representations to the contrary.

That I was given ample opportunity before signing this Agreement, to ask the nurse, my doctor, my attorney and my other advisors questions and to clarify, to my complete satisfaction, any questions or concerns I may have had concerning the Pneumococcal (Pneumonia) vaccination or any term of this Agreement;

That I understand each and every term of this Agreement;

**BY SIGNING BELOW, I ACKNOWLEDGE AND CERTIFY THAT I HAVE READ AND UNDERSTAND THE "CONSENT, RELEASE AND INDEMNITY AGREEMENT" FOR THIS VACCINATION, AND THAT I AM SIGNING IT VOLUNTARILY.**

<i>Please answer the following questions.</i>	Yes	No
Are you sick, and/or running a fever today?		
Do you have allergies to medications, food, latex, or any vaccine? <span style="float: right;">Vaccine latex free</span>		
Have you ever had a serious reaction after receiving a vaccination? <span style="float: right;">Allergic to Tetanus shot?</span>		
When's the last time you received a pneumonia vaccination?		
Do you have Diabetes, asthma, lung, liver or heart disease, smoke, or have a history of severe respiratory infections.		
For women: Are you pregnant? <span style="float: right;">* requires MD order</span>	*	
Have you received any vaccinations in the past 4 weeks?	*	
Have you ever passed out or become lightheaded after having blood drawn or receiving a shot?		
I authorize TSN to leave a message on my home/or cell phone service regarding upcoming recommended vaccines. Also to discuss matters related to my account with agents representing The Shot Nurse.	*	

Print Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Male  Female  Married \_\_\_ Single \_\_\_ Email address \_\_\_\_\_

Signature: \_\_\_\_\_ Phone #: \_\_\_\_\_

Person administering vaccine: \_\_\_\_\_ Date: \_\_\_\_\_

Lot#/Exp. Date \_\_\_\_\_ **Select Manufacture:**Prevnar20, Pneumovax2, Vaxneuvance15

Site Given IM:	
LUE	LLE
RUE	RLE

Service Location: \_\_\_\_\_ VIS date: \_\_\_\_\_

<i>Please answer a brief health history:</i>	Yes	No
1. Have you been diagnosed with any conditions that suppress the immune system? (leukemia, lymphoma, HIV, renal failure, cerebrospinal fluid leak or Hodgkin's disease)		
2. Do you take immunosuppressive meds such as corticosteroids or radiation therapy?		
3. Are you preparing to have an organ transplant or ever been the recipient of an organ donation?		
4. Have you had, or going to have, a cochlear implant?		
5. Have you had problems with your spleen (sickle cell disease, asplenia, or splenectomy)?		
6. Do you have a chronic condition such as heart disease, lung disease (asthma, chronic bronchitis...) or renal failure?		
7. Do you have diabetes?		
8. Do you smoke cigarettes?		
9. Do you have liver disease or been told you have alcoholism?		
<p><b>10. Have you ever received a pneumonia vaccination?</b></p> <ul style="list-style-type: none"> <li>• <b>If yes, do you know if it was Pneumovax23 or Prevnar13?</b></li> <li>• <b>Were you 65 or older?</b></li> </ul>		
<p>If you answered "no" to the questions above but are 50 or older its recommended to take a Pneumococcal vaccine.</p> <p><u>If you answered "yes"</u> to any of the questions, above and 18 years or older the recommendation is to take a Prevnar 20 or a Capvaxive21.</p> <p>Your physician may recommend getting pneumococcal vaccines 8 weeks apart and requires a doctors order).</p>		

Reviewed by \_\_\_\_\_ Date: \_\_\_\_\_