

**PNEUMOCOCCAL VACCINE (PNEUMONIA SHOT)  
2009-2010 CONSENT FORM**  
Pneumococcal Polysaccharide (PPV)

1. Have you had a pneumonia shot within the last 5 years? Yes or No
2. Are you 65 years or older? Yes or No
3. If you are female, are you pregnant? # Weeks \_\_\_\_\_ Yes or No

Heard about the clinic from: **Newspaper / Physician / Street Sign / Employer / Store Adv.**  
(Circle ones that apply) **Friend or Relative / Email / Prior Patient / Other** \_\_\_\_\_

I hereby certify that the foregoing history is true and complete to the best of my knowledge and I have received and read the "Vaccine Information Statement 2009-2010" from the CDC, have had an opportunity to ask questions that were answered to my satisfaction, and do wish to receive the pneumococcal vaccination fully understanding the risks and the benefits. I hereby consent to the administration of the pneumococcal vaccine (pneumonia shot). Furthermore, I hereby release and forever discharge for myself, my heirs, executors, administrators and assignees, NW Health and OsteoScreening / FluShot4you and their employees, owners and representatives, as well as the company sponsoring this event and their agents, representatives, employees, successors, assignees, governing bodies, and advisory committees from any and all claims, demands, actions and causes of action, which may result from participation in this program. *Your personal information and results shall be held strictly confidential. I understand Northwest Health and OsteoScreening / FluShot4you is not a Medicare participating provider. Insurance/Medicare will not be billed; however, forms/receipts are available for reimbursement.*

**PARTICIPANT INFORMATION AND CONSENT**

LAST NAME:	FIRST NAME:	MI:
ADDRESS:	CITY:	STATE:      ZIP:
PHONE:	E-MAIL:	
BIRTHDATE:	AGE:	
SIGNATURE:	DATE:	

**FOR CLINIC USE ONLY**

<b>MANUFACTURER AND LOT#:</b>
<b>EXPIRATION DATE:</b> June 10, 2010
<b>SITE OF INJECTION:</b> R / L      DELTOID
<b>SIGNATURE AND TITLE OF VACCINE ADMINISTRATOR</b>
<b>PAYMENT</b> Cash \$ _____ Check \$ _____ Credit Card \$ _____ Co. Sponsored _____