## Walgreens There's a way to stay well.



| Vaccine Administration Record (VAR) Informed Consent for Vaccination*  |  |   |  |   |   |  |  |  |   |  |   |   | IMMUNIZATION   |  |   |  |   |   |   |   |   |   |   |   |   |  |  |   |  |   |  |  |  |   |   |   |  |  |  |  |   |   |  |   |  |
|--|--|---|--|---|---|--|--|--|---|--|---|---|--|--|---|--|---|---|---|---|---|---|---|---|---|--|--|---|--|---|--|--|--|---|---|---|--|--|--|--|---|---|--|---|--|
| SEC  | TIO  | N   | A  |   |   | P  | leas   | e pr   | rint (  | cleai  | rly.  |   |  |  |   |  |   |   |   |   |   |   |   |   |   |  |  |   |  |   |  |  |  |   |   |   |  |  |  |  | \   | \   | LUC  | AIIC  | /151   |
| Hom  | e Ph   | nor   | ne   |   |   |  |  |  |   |  |   |   |  |  | Date  | e of   | Birt  | :h_   |   |   |   |   |   |   |   |  | Α  | ge  |  |   |  |  | G  | end   | der   |   |  |  |  |  |   |   |  |   |  |
|  |  |   |  |   |   |  |  |  |   |  |   |   |  |  |   |  |   |   |   |   |   |   |   |   |   |  |  |   |  |   |  |  |  |   | Ma  | ale   |  |  | F  | em   | nale  |   |  |   |  |
| First  | Nan  | ne  |  |   |   |  |  |  |   |  |   |   |  |  |   |  | MI  |   | La  | st N  | lam   | е   |   |   |   |  |  |   |  |   |  |  |  |   |   |   |  |  |  |  |   |   |  |   |  |
|  |  |   |  |   |   |  |  |  |   |  |   |   |  |  |   |  |   |   |   |   |   |   |   |   |   |  |  |   |  |   |  |  |  |   |   |   |  |  |  |  |   |   |  |   |  |
| Hom  | e Ac   | ddr   | ess  | 3   |   |  |  |  |   |  |   |   |  |  |   |  |   |   |   | Ci  | ty  |   |   |   |   |  |  |   |  |   |  |  |  |   |   |   | Sta  | te   |  | Z  | IP C  | ode   |  |   |  |
|  |  |   |  |   |   |  |  |  |   |  |   |   |  |  |   |  |   |   |   |   |   |   |   |   |   |  |  |   |  |   |  |  |  |   |   |   |  |  |  |  |   |   |  |   |  |
| Ema  | l Ad   | dre   | ess  |   |   |  |  |  |   |  |   |   |  |  |   |  |   |   |   |   |   |   |   |   |   |  |  |   |  |   | _  | N  | ledi   | car   | e Pa  | art E   | 3 Nu   | umb  | er (   | if a   | oplic   | able  | <del>)</del>   |   |  |
|  |  |   |  |   |   |  |  |  |   |  |   |   |  |  |   |  |   |   |   |   |   |   |   |   |   |  |  |   |  |   |  |  |  |   |   |   |  |  |  |  |   |   |  |   |  |
| Prim   | ary (  | Cai   | re F   | hy:   | sici  | an/  | Pro  | vide   | r N   | ame  | e (if I   | kno   | wn)  |  |   |  |   |   |   |   |   |   |   |   |   |  |  |   |  |   |  | Pl   | nysi   | cia   | n/Pr  | ovio  | der  | Pho  | ne   |  |   |   |  |   |  |
|  |  |   |  |   |   |  |  |  |   |  |   |   |  |  |   |  |   |   |   |   |   |   |   |   |   |  |  |   |  |   |  |  |  |   |   |   |  |  |  |  |   |   |  |   |  |
| Phys   | icia   | n/P   | ro۱  | /ide  | r A   | ddr  | ess  |  |   |  |   |   |  |  |   |  |   |   |   |   |   |   | (   | City  | <u>,                                      </u>  |  |  |   |  |   |  |  |  |   |   |   |  |  |  |  |   |   | St   | ate   | _  |
|  |  |   |  |   |   |  |  |  |   |  |   |   |  |  |   |  |   |   |   |   |   |   |   |   |   |  |  |   |  |   |  |  |  |   |   |   |  |  |  |  |   |   | L  |   |  |
| SE   | CTIC   | ON  | В  | The   | e foi   | low  | ina  | aue  | stio  | ——<br>ns и   | vill h  | elp i   | us c   | lete   | rmin  | e vo   | our e   | eliaii  | bility  | to b  | e va  | acci  | nate  | ed t  | <br>oda   | V.   |  |   |  |   |  |  |  |   |   |   |  |  |  |  |   | YES   | S N  |   | DON'T  |
|  |  |   |  |   |   |  |  |  |   |  |   |   |  |  |   |  |   |   | ase o   |   |   |   |   |   |   |  | nes:   |   |  |   |  |  |  |   |   |   |  |  |  |  |   |   |  |   | KNOW   |
|  |  |   | _  | lu (  |   |  |  | _  |   | lasa   |   |   |  |  |   |  | -   |   |   | _   | lu F  |   | •   |   |   |  | _  |   | um   | onia  | [  |  | Sh   | ing   | les   |   |  | Oth  | er_  |  |   |   |  |   |  |
| ALL VACCINES   | _  |   |  |   |   |  | toda   | _  |   |  |   |   |  |  |   |  |   |   |   |   |   |   |   |   |   |  |  |   |  |   |  |  |  |   |   |   |  |  |  |  |   |   | 1  | $\perp$   |  |
|  | 3.   |   |  |   |   |  |  |  |   | catio<br>gies:   |   | ood   | or va  | acci   | nes?  | (Exa   | ımpl  | es: e   | eggs,   | bovi  | ine p   | rote  | in, g   | gelat   | in, g   | enta   | amic   | in, <sub> </sub>  | poly   | myxi  | n, ne  | eom  | ycin   | , ph  | enol  | or th   | hime   | rosa   | l)   |  |   |   |  |   |  |
|  | 4.   | Н   | ave  | you   | rec   | eive   | d ar   | ıy va  | ccin  | ation  | s or  | skin  | test   | s in   | the p   | oast   | four  | wee   | eks? I  | lf ye   | s, p  | leas  | e lis   | st ti   | ne v  | acc  | inat   | ion   |  |   |  |  |  |   |   |   |  |  |  |  |   |   | $\top$   |   |  |
|  | 5. Have you ever had a serious reaction to an influenza vaccine or any other vaccine in the past?  |   |  |   |   |  |  |  |   |  |   |   |  |  |   | Т  | Т   |   |   |   |   |   |   |   |   |  |  |   |  |   |  |  |  |   |   |   |  |  |  |  |   |   |  |   |  |
|  | 6. Have you ever had a seizure disorder for which you are on seizure medication(s), a brain disorder, Guillain-Barré syndrome (a condition that causes paralysis) or other nervous system problem? |   |  |   |   |  |  |  |   |  |   |   |  |  |   |  |   |   |   |   |   |   |   |   |   |  |  |   |  |   |  |  |  |   |   |   |  |  |  |  |   |   |  |   |  |
|  | 7. Are you 65 years of age or older?   |   |  |   |   |  |  |  |   |  |   |   |  |  |   |  | +   | +   |   |   |   |   |   |   |   |  |  |   |  |   |  |  |  |   |   |   |  |  |  |  |   |   |  |   |  |
|  | 8. Do you smoke?   |   |  |   |   |  |  |  |   |  |   |   |  |  |   |  | 工   |   |   |   |   |   |   |   |   |  |  |   |  |   |  |  |  |   |   |   |  |  |  |  |   |   |  |   |  |
|  | 9. Do you have a chronic condition or long-term health problem? If yes, please check all that apply.   |   |  |   |   |  |  |  |   |  |   |   |  |  |   |  |   |   |   |   |   |   |   |   |   |  |  |   |  |   |  |  |  |   |   |   |  |  |  |  |   |   |  |   |  |
|  | Anemia Asthma Diabetes Heart disease Kidney disease Liver disease Lung disease Other  10. If you answered YES to question #7, 8 or 9, have you ever had a pneumonia vaccination?                   |   |  |   |   |  |  |  |   |  |   |   |  |  |   | +  | +   |   |   |   |   |   |   |   |   |  |  |   |  |   |  |  |  |   |   |   |  |  |  |  |   |   |  |   |  |
|  | 11. Have you ever had a shingles vaccination (for patients 60 years of age and older only)?  |   |  |   |   |  |  |  |   |  |   |   |  |  |   | +  |   |   |   |   |   |   |   |   |   |  |  |   |  |   |  |  |  |   |   |   |  |  |  |  |   |   |  |   |  |
|  | 12. Are you a healthcare worker?   |   |  |   |   |  |  |  |   |  |   |   |  |  |   |  | +   | $\top$  |   |   |   |   |   |   |   |  |  |   |  |   |  |  |  |   |   |   |  |  |  |  |   |   |  |   |  |
|  | 13. For women: Are you pregnant or considering becoming pregnant in the next month?  |   |  |   |   |  |  |  |   |  |   |   |  |  |   |  | 十   |   |   |   |   |   |   |   |   |  |  |   |  |   |  |  |  |   |   |   |  |  |  |  |   |   |  |   |  |
|  | 14.  | Are   | e yo   | u cı  | rrer  | ıtly   | on h   | ome  | infu  | sions  | s, we   | ekly  | inje   | ctio   | ns, s   | teroi  | d the   | erap  | y, an   | tican   | cer (   | drug  | s or  | rad   | iatio   | n tre  | eatm   | ent   | s?   |   |  |  |  |   |   |   |  |  |  |  |   |   | Т  |   |  |
| CINES  | 15.  |   |  |   |   |  |  | uker<br>stem   |   | lymp   | hom   | ıa, H   | IV/A   | IDS  | or a  | ny ot  | her i   | imm   | une s   | syste   | m di  | isorc   | ler o   | or ar   | e yo  | u in   | conf   | tact  | with   | n any   | one  | wh   | o ha   | s a s   | seve  | rely  |  |  |  |  |   |   | I  |   |  |
| 0  | 16.  | На  | ve y   | ou r  | ece   | ived   | a tr   | ansf   | usio  | n of h   | olood   | d or l  | oolc   | d pr   | oduc  | ts, o  | r bee   | en g  | iven a  | a me  | dicir   | ne ca   | alled   | l imr   | nun   | e (ga  | amm  | ıa) ç   | globi  | ulin i  | n the  | e pa   | st ye  | ear?  |   |   |  |  |  |  |   |   | $\perp$  | $\perp$   |  |
| LIVE VA  | _  |   | <u> </u>   |   |   | -  | ÷  |  |   |  |   |   |  |  |   |  |   | <u> </u>  | ears o  |   |   | <u> </u>  |   |   |   |  |  |   |  |   |  |  |  |   |   |   |  |  |  |  |   |   | $\bot$   |   |  |
|  | _  |   |  |   |   |  |  |  |   |  |   |   |  |  |   |  |   |   | of ast  |   |   |   |   |   |   |  |  |   |  |   |  |  |  |   |   |   |  |  |  |  |   |   | +  | $\perp$   |  |
| SEC  |  |   |  | he p  | atie  | nt h   | ave  | a na   | sal c   | ondi   | ition   | serio   | ous (  | enou   | ıgh t   | o ma   | ıke b   | reat  | thing   | diffic  | cult,   | sucl  | n as  | a ve  | ery s   | tuff   | y no   | se?   | (for   | FluN  | 1ist®  | on   | ly)  |   |   |   |  |  |  |  |   |   | $\perp$  |   |  |
| I certif<br>Service<br>with th<br>were a<br>my heir<br>any and<br>registry<br>sharing<br>Walgre<br>I autho<br>Medica<br>Walgre | y that s <sup>SM</sup> , as above as and d all lia ("State my in ens or rize Ware, Meens or ted ite!   | I am<br>s appre va<br>ed to<br>pers<br>abilit<br>te Re<br>nmu<br>Tak<br>algre<br>dica<br>ms a | i: (i) fiplica<br>locin<br>lo my<br>sona<br>lies c<br>egist<br>niza<br>e Ca<br>eens<br>lid, c<br>e Ca<br>and s | ble, to<br>e(s) a<br>satis<br>repr<br>r clai<br>ry"). I<br>ion ir<br>re He<br>or Ta<br>r othere He<br>service | o adr<br>nd ha<br>faction<br>esen<br>ms w<br>ackr<br>form<br>alth to<br>es as | ninis<br>ave r<br>on. Fu<br>tative<br>theth<br>avelerior<br>Servi<br>s wel | ter the eceivarther es, I he er kn edge in with cessmarty party party party for es for each es for each extra the ecessmarty party party for ecessmarty party party for ecessmarty party exemple extra the ecessmarty party exemple extra the ecessmarty party exemple exemple exemple extra the ecessmarty party exemple exem | e vaco<br>ed, re<br>, I ack<br>ereby<br>own o<br>that, o<br>any o<br>, as a<br>Servi<br>ayer a<br>, as a<br>or any | cine(s<br>ad an<br>knowle<br>relea<br>or unk<br>depen<br>of my<br>pplica<br>ces <sup>sm</sup><br>as neo<br>pplica | s) I have nd/or hedge to ase an enown other able, we can be cased as a left of the cased as | ve requad exthat I I depend on the although | ueste  cplain  have  d harr  g out  my sta  hcare  signe  ble, to  ffectu  spect  and | d about to the control of the contro | ove. I<br>me t<br>advis<br>Walon<br>con<br>w, I r<br>iders<br>t-Out<br>relea<br>care one ab<br>ces n | under<br>he Vac<br>sed to<br>greens<br>nectio<br>nay pr<br>enroll<br>Form<br>se my<br>or payr<br>ove re | rstand<br>ccine<br>rema<br>or Ta<br>on with<br>event<br>ed in<br>, I ele<br>medi<br>ment,<br>quest | I that<br>Inforn<br>in nea<br>ike Ca<br>n, or in<br>, by u<br>the Si<br>ct to p<br>cal or<br>(2) su<br>ed ite | it is r<br>mation<br>ar the<br>are Ho<br>n any<br>ising<br>tate f<br>partion<br>othe<br>ubmit | not pos<br>n State<br>e vaccii<br>ealth S<br>/ way r<br>a state<br>Registr<br>cipate f<br>er infor<br>t a clai<br>and ser | ssible ements nation Service elatece approximation mation mation revices. | to press on to local es <sup>SM</sup> , and to the roved ligreer, and n, incomy ins. I furt | edict a<br>the varion for<br>as apple admost opt-cons<br>or I constituding<br>surer ather a | all pos<br>accine<br>or app<br>plicat<br>minist<br>out for<br>Take<br>sent to<br>g my<br>for th<br>gree | e(s) I<br>proximiliate proximiliate proximiliat | e side<br>have<br>matel<br>is stat<br>n of t<br>Opt-(<br>Heal<br>lgreer<br>munic<br>ove re<br>fully | e effe<br>elect<br>y 15<br>ff, ag<br>he va<br>Out F<br>th Se<br>ns or<br>cable<br>eque:<br>finar | ects or<br>ted to<br>minu<br>lents,<br>accine<br>form")<br>ervice:<br>Take<br>disea<br>sted i<br>ncially | r con<br>rece<br>tes a<br>succe<br>e(s) li<br>: (a)<br>ssm, a<br>Care<br>ase (i<br>tems | nplica<br>eive. I<br>after a<br>cesso<br>isted<br>disclo<br>as ap<br>e Hea<br>includ<br>s and<br>ponsi | ations<br>also a<br>admin<br>rs, div<br>above<br>osure<br>plicab<br>lth Se<br>ding H<br>service<br>ble fo | associations associated associations associated associa | ciate<br>owled<br>on for<br>s, aff<br>know<br>imr<br>II, if<br>II, if<br>s <sup>sM</sup> , a<br>nenta<br>nd (3<br>cosh | d with dge the or obsiliates whedge on the observation of the observat | n reconat I had I | eiving<br>have h<br>tion b<br>osidian<br>t: I un<br>inforr<br>ermits<br>ole, re<br>nd dru<br>paym<br>ounts, | vacc<br>nad a<br>y the<br>ries, c<br>derstanation<br>s, pro<br>portir<br>ig/alc<br>ent o<br>inclu | ine(s). chance admin officers and the n to the vide n ng my ohol a f auth ding c | . I und<br>ce to<br>nister<br>s, dire<br>ne pu<br>ne Sta<br>ne wi<br>imm<br>abuse<br>copay | dersta<br>ask quing he<br>ectors<br>rposes<br>ate Re<br>th an<br>unizat<br>inform<br>d bene<br>s, coir | nd thuestice althous, con s/ben opt-0 opt- | ne risks<br>ons an<br>care pr<br>tractor<br>nefits o<br>y; or (b<br>Out Fo<br>on, to r<br>on, to r<br>one man | s and<br>d that<br>ovider<br>s and<br>of my s<br>o) the s<br>rm. Un<br>tion to<br>my hea<br>de on<br>and de | benefit<br>such c<br>On be<br>emplo<br>state's<br>State R<br>nless I<br>o the St<br>althcare<br>my beh<br>ductible | s asso<br>questioned<br>ehalf or<br>yees frimmur<br>egistry<br>provide<br>tate Re<br>e profes<br>half to<br>es, for | ciated ons of myself, rom oization of from e egistry. essionals, |

Patient Signature: \_\_\_\_\_\_ Date: \_\_\_\_\_

(Parent or Guardian, if minor)

| SECTION D (HEALTH CARE PROVIDERS ONLY) The following section is to be completed by the health care provider only. |       |          |                     |                            |  |          |                       |  |  |  |  |  |  |  |
|---|-------|----------|---------------------|----------------------------|--|----------|-----------------------|--|--|--|--|--|--|--|
| Immunizer Name (print):   |       | Immunize | er Signature:       |                            | RPh/PharmD/RN/LPN/LVN/NP/PA (circle one) |          |                       |  |  |  |  |  |  |  |
| If applicable, Intern Name (print):   |       | A        | dministration Date: | Date VIS given to Patient: |  |          |                       |  |  |  |  |  |  |  |
| Vaccine   | Lot # | Exp Date | Manufacturer        | Dosage                     | Circle Site of Injection                 | VIS Date | RPh Pre-fill Initials |  |  |  |  |  |  |  |
| Inactivated influenza -F  | F     |          |                     | 0.5 ml                     | L/R Deltoid IM                           | 7/26/13  | 3                     |  |  |  |  |  |  |  |
|   |       |          |                     |                            |  |          |                       |  |  |  |  |  |  |  |
|   |       |          |                     |                            |  |          |                       |  |  |  |  |  |  |  |

<sup>\*\*</sup>Patient care services at Take Care Clinics are provided by Take Care Health Services<sup>SM</sup>, an independently owned professional corporation whose licensed healthcare professionals are not employed by or agents of Walgreen Co. or its subsidiaries, including Take Care Health Systems<sup>SM</sup>, LLC.