FORM C

PHARMACA
INTEGRATIVE PHARMACY

IMMUNIZATION SCREENING FORM

Please print and bring this completed form to your appointment.

1. PATIENT INFORMATION

Name			
Address	City	State	Zip
Phone	DOB	Sex	Weight
Allergies	Medical Conditions		
Primary Care Provider (and Phone Number, if known)			

2. SCREENING QUESTIONS

The following questions will help us determine which vaccines you may be given today. If you answer "yes" to any questions, it does not necessarily mean you should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your pharmacist to explain it.

	YES	NO	UNSURE
Are you sick today?	☐	☐	☐
Do you have allergies to food, medications or any vaccine?	☐	☐	☐
Have you ever had a serious reaction after receiving a vaccination?	☐	☐	☐
Do you have a long-term health problem with heart disease, lung disease, asthma, kidney disease, metabolic disease (e.g. diabetes), anemia or other blood disorder?	☐	☐	☐
Do you have cancer, leukemia, AIDS or any other immune system problem?	☐	☐	☐
Do you take cortisone, prednisone, other steroids, or anticancer drugs, or have you had radiation treatments?	☐	☐	☐

	YES	NO	UNSURE
Have you had a seizure, brain or other nervous system problem?	☐	☐	☐
In the past year, have you been given a blood transfusion, blood products, immune (gamma) globulin or antiviral drug?	☐	☐	☐
For women: Are you pregnant or could you become pregnant in the next month?	☐	☐	☐
Have you received any vaccinations in the past 4 weeks?	☐	☐	☐
Did you bring your immunization record card with you?	☐	☐	☐
For injectable vaccines: In which arm would you like your vaccine administered?	☐ Right		☐ Left

IMMUNIZATION CASH PRICING SCHEDULE*

Vaccine	Price	Vaccine	Price
☐ Hepatitis A (Havrix)	$ 129.99	☐ Pneumococcal Pneumonia (Prevnar 13)	$ 233.99
☐ Hepatitis B (Engerix B, Recombivax-HB)	$ 119.99	☐ Pneumococcal Pneumonia (Pneumovax 23)	$ 139.99
☐ Hepatitis A/B Combo (Twinrix)	$ 149.99	☐ Td/Tdap (Tenivac, Boostrix, Adacel)	$ 69.99
☐ Meningitis A/C/Y/W-135 (Menactra, Menveo)	$ 149.99	☐ Influenza, Inactivated (Fluzone)	$
☐ Meningitis B (Trumenba, Bexsero)	$ 204.99	☐ Influenza, High Dose (Fluzone HD)	$
☐ MMR (M-M-R II)	$ 99.99	☐ Influenza, Recombinant (FluBlok)	$
☐ HPV (Gardasil 9)	$ 239.99	☐ Influenza, Live (Flumist)	$
☐ Shingles (Shingrix)	$ 189.99	☐ Other:	$

*Please note that pricing and/or trade names may be unavailable until fall 2020 and/or subject to change.

Please read the following statements and sign below on the signature line.
I have read or have had explained the information provided about the vaccine I am about to receive. I have received and read a Vaccine Information Statement. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of vaccination and ask that the vaccine be given to me or to the person named above for whom I am authorized to make this request. Medicare, I do hereby authorize Pharmaca Integrative Pharmacy to release information and request payment. I certify that the information given by me in applying for payment under Medicare is correct. I authorize release of all records to act on this request. I request that payment of authorized benefits be made on my behalf.

X

Signature of Patient, Parent or Guardian **Date**

Adapted from Immunization Action Coalition. For details on screening questions, visit http://www.immunize.org/catg.d/p4065.pdf