

# Vaccine Administration Record

Rileys Drugs Inc  
1207 W Main St  
Lexington, SC 29072-2405  
Phone: (803) 359-2587 Fax: (803) 359-2588

Name: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Allergies: \_\_\_\_\_ Race: \_\_\_\_\_  
 Primary Care Physician: \_\_\_\_\_ Office Phone Number: \_\_\_\_\_

## Screening Questions

Mother's Maiden Name: \_\_\_\_\_

- |     |   |     |    |
|-----|---|-----|----|
| 1.  | Are you sick today? If yes: <input type="checkbox"/> Do you have a fever? <input type="checkbox"/> diarrhea? <input type="checkbox"/> vomiting? <input type="checkbox"/> cough?   | Yes | No |
| 2.  | Have you ever fainted or felt dizzy after receiving a vaccine?  | Yes | No |
| 3.  | Have you ever had a serious reaction after receiving a vaccination?   | Yes | No |
| 4.  | Do you have a long-term health problem such as heart disease, lung disease, liver disease, asthma, kidney disease, neurologic or neuromuscular disease, metabolic disease (e.g., diabetes), anemia or other blood disorder? | Yes | No |
| 5.  | Do you have a weakened immune system because of HIV/AIDS or another disease that affects the immune system, long-term treatment with drugs such as high-dose steroids, or cancer treatment with radiation or drugs?         | Yes | No |
| 6.  | Do you have allergies to latex, medications, or food products? (Examples: eggs, bovine protein, gelatin, gentamycin, polymixin, neomycin, phenol, yeast, or thimerosal?)  | Yes | No |
| 7.  | Have you ever had a seizure disorder for which you are on seizure medications, a brain disorder, or Guillain-Barre syndrome, or other nervous system problems?  | Yes | No |
| 8.  | For women: Are you pregnant or is there a chance you could become pregnant during the next month?   | Yes | No |
| 9.  | Have you received any vaccinations or TB skin test in the past 4 weeks?   | Yes | No |
| 10. | Do you have a history of fainting, particularly with vaccines?  | Yes | No |
| 11. | For Tdap and adult Td: Do you have a cut, injury, puncture or open wound that prompted you to get a tetanus shot?   | Yes | No |
| 12. | For Zoster: Have you had a past reaction to gelatin or triple antibiotic ointment?  | Yes | No |

## Consent

I have read, or have had read to me, the written information regarding the vaccine(s) being administered. I have had the opportunity to ask questions that were answered to my satisfaction. I understand the benefits and risks of the vaccine(s) being administered and have received a copy of a current Vaccine Information Sheet. I, on behalf of myself, my heirs, executors, personal representatives, agents, successors, and assigns hereby agree to release, indemnify, and hold harmless Rileys Drugs Inc, its subsidiaries, divisions, affiliates, agents, officers, directors, contractors, and employees from any and all claims arising out of, in connection with, or in any way related to the administration of the vaccine(s). I certify that I am at least 18 years old and hereby give my consent to the pharmacists of Rileys Drugs Inc to administer the vaccine(s). If under 18 years old signature by parent or guardian is required. I agree to wait near the vaccination location for approximately 15 minutes for observation by the pharmacist.

Name (print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Name/Title of Immunizer: \_\_\_\_\_ Supervising Pharmacist (if applicable): \_\_\_\_\_

## Administration (Pharmacist Use Only)

Vaccine	Product Name	Manufacturer	Lot	Exp Date	Dose	Site of Injection	Date of VIS	Signature of Administrator of Vaccine
Influenza (Quad)	Flucelvax	Seqirus			5 ml	LD RD	8/15/2019	
Influenza (Quad)	Fluzone	Sanofi			5 ml	LD RD	8/15/2019	
Influenza (HD)	Fluad	Seqirus			5 ml	LD RD	8/15/2019	
Influenza (HD)	Fluzone HD	Sanofi			7 ml	LD RD	8/15/2019	
Herpes Zoster	Shingrix	GSK			5 ml	LD RD	10/30/2019	
Pneumococcal Conjugate (PCV13)	Prevnar 13	Pfizer			5 ml	LD RD	10/30/2019	
Pneumococcal Polysacchande (PPSV23)	Pneumovax 23	Merck			5 ml	LD RD	10/30/2019	
Tetanus, Diphtheria Toxoids & Acellular Pertussis (Tdap)	Boostrix	GSK			5 ml	LD RD	4/1/2020	
Other								