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***PNEUMONIA VACCINATION
CONSENT & RELEASE***

NAME: _____ **DATE:** ___/___/___

DATE OF BIRTH: ___/___/___

CONSENT:

Please check answer

- | | | |
|----------------------------------------------------|-----------|----------|
| 1. Have you received the pneumonia vaccine before? | _____ Yes | _____ No |
| 2. Did you have a reaction to it? | _____ Yes | _____ No |
| 3. Are you currently undergoing chemotherapy? | _____ Yes | _____ No |
| 4. Are you currently pregnant? | _____ Yes | _____ No |

KEY POINTS:

This vaccine is inactivated, so there is no live bacteria in this injection. It is not possible to get pneumonia from this injection.

Expected reactions include redness or pain at the injection site in about half the patients.

Less than 1% may develop fever, muscle aches or more severe reactions.

I have received and read the information sheet for the pneumonia vaccine, and I have had an opportunity to ask questions. I understand that serious reactions are very rare. Yes _____ No _____

I hereby consent to the administration of the pneumonia vaccine.

SIGNATURE: _____ **DATE:** ___/___/___

Lot _____ **Expiration** _____ **Location R L**