

Covid-19

Medi-Thrift Pharmacy Immunization Consent Form

COVID SHOT 2 **DATE:** _____

CASE HISTORY AND LISTED CONTRAINDICATIONS (Please circle YES, NO, or DON'T KNOW for each question)		
Have you had a physical within the past year?	YES	NO DON'T KNOW
Have you received a dose of the Covid-19 vaccine? If yes: <input type="radio"/> Pfizer <input type="radio"/> Moderna <input type="radio"/> Other product	YES	NO DON'T KNOW
Are you sick today?	YES	NO DON'T KNOW
Have you received any vaccine within the last 14 days? MUST WAIT 14 DAYS!	YES	NO DON'T KNOW
Have you had a positive test for Covid-19 or has a doctor ever told you that you had Covid-19?	YES	NO DON'T KNOW
Have you received passive antibody therapy (monoclonal antibodies or convalescent serum) as treatment for Covid-19? MUST WAIT 90 DAYS!	YES	NO DON'T KNOW
Do you have allergies to medications, eggs or other food, a vaccine component, or latex?	YES	NO DON'T KNOW
If yes, list allergies.		
Have you ever had a serious reaction after receiving a vaccination or to any product? <input type="radio"/> Was the severe allergic reaction after a Covid-19 vaccine? <input type="radio"/> Was the severe allergic reaction to another vaccine or injectable medication?	YES	NO DON'T KNOW
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?	YES	NO DON'T KNOW
Do you have cancer, leukemia, HIV/AIDS or any other immune system problem or take any medications that may weaken your immune system?	YES	NO DON'T KNOW
Have you had a seizure, brain disorder, Guillian-Barre Syndrome or other nervous system problem?	YES	NO DON'T KNOW
Do you take any medication to thin your blood or have a bleeding disorder?	YES	NO DON'T KNOW
Are you pregnant or breastfeeding?	YES	NO DON'T KNOW

ADMINISTRATIVE RECORD (For Pharmacy Use ONLY)			
Vaccine/Date/Dose/ Manufacturer/Lot/ Expiration		Deltoid L R	DATE NEXT VACCINE DUE (IF APPLICABLE):
SHOT 2			DATE M.D. NOTIFIED
ADMINISTERING PHARMACIST INFORMATION			
Shot 2 PHARMACIST NAME/LICENSE NUMBER		Medi-Thrift Pharmacy 324 W. Patton Street LaFayette, GA 30728 Phone: 706-638-3114	
ADVERSE EVENTS/COMPLICATIONS & NOTES (REPORT TO VAERS)			