

## Consent for Pneumococcus Immunization

**Pneumococcal vaccine :** Pneumococcal disease is a serious disease that kills more people in the United States each year than all other vaccine-preventable diseases combined. People at risk of the disease include people 65 years or older, the very young, and people with alcoholism, heart, lung, kidney disease, diabetes, HIV, and certain types of cancer. The vaccine protects against 23 types pneumococcal bacteria. All persons over 65 years who have not received the vaccine within 5 years (and were less than 65 at the time of vaccination) should receive a second dose.

**RISKS AND POSSIBLE REACTIONS:** Side effects of these vaccines are generally mild in adults and occur at low frequency. These reactions consist of soreness, redness or swelling at the injection site, fever or muscle aches. These symptoms may last up to 48 hours. Allergic reactions may also occur.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Currently Pregnant
<input type="checkbox"/>	<input type="checkbox"/>	Have a serious allergy to eggs
<input type="checkbox"/>	<input type="checkbox"/>	Ever had a serious reaction or other problems after getting an influenza vaccine
<input type="checkbox"/>	<input type="checkbox"/>	Were ever paralyzed by Guillain-Barre syndrome
<input type="checkbox"/>	<input type="checkbox"/>	Currently have a moderate or severe respiratory illness
<input type="checkbox"/>	<input type="checkbox"/>	Serious allergy to latex

I have read the above information and I understand the benefits and risks of the vaccine as described. I request the vaccine be given to me or the person named below for whom I am authorized to sign. I authorize release of a copy of this form to the Oregon Health Plan, Medicare, and/or my Medicare HMO (if eligible), or other insurance for purposes of obtaining payment for services rendered.

X \_\_\_\_\_  
Signature of person to receive vaccine (or parent or guardian) date

\_\_\_\_\_  
Last name, first

Pneumonia: Mfr: Merck Pneumonvax23, lot TO21485 exp 15mar2022

Site: R L delt by:

***Clear Creek Family Practice And Earth Song Medical Practice  
Selma, Oregon 97538***

Proxy signature during Covid-19 pandemic: Prior to receiving this vaccine, the above adult reported they reviewed this information, questions were solicited and addressed.

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***K. Mechling, M.D.*** \_\_\_\_\_ ***M. Pruner, ANP***