

First Name:	Middle Initial:	Last Name:	
Home Address:	City:	State:	Zip:
Phone:	Date of Birth:	Age:	Gender:
Primary Care Physician:	Physician City:		Physician Phone:

The following questions will help us determine your eligibility to be vaccinated today.	Yes	No	Don't Know
1. Are you currently sick with a fever?			
2. Do you have a severe (life-threatening) allergy to latex or any component (or part) of this vaccine, including aluminum hydroxide, polysorbate, formalin, neomycin, amino acids, formaldehyde, aluminum, sodium borate, and sodium chloride?			
3. Have you ever had a severe (life-threatening) allergic reaction to a previous dose of any vaccine?			
4. For women: Are you currently pregnant or breastfeeding?			

Hepatitis A Consent

I have read, or have had explained to me, the Vaccine Information Statement about **hepatitis a** vaccination. I have had a chance to ask questions, which were answered to my satisfaction, and I understand the benefits and risks of the vaccination as described. I request that the **hepatitis a** vaccination be given to me (or the person named above for whom I am authorized to make this request). On behalf of myself, my heirs, and my personal representative, I hereby release and hold harmless Butt Drugs, Inc. its staff, agents, successors, divisions, affiliates, subsidiaries, officers, directors, contractors, and employees from any and all liabilities or claims whether known or unknown arising out of, in connection with, or in any way related to the administration of the vaccine listed. I authorize the release of any medical or other information necessary to process a Medicare or other insurance claim or for other public health purpose. I have received a copy of the Patient Bill of Rights.

Customer Signature: _____

Date: _____

Immunizer Name:			Immunizer Signature:			
Injection Site:			Immunization Date & Date Recipient Given VIS:			
Vaccine:	Lot:	Exp. Date:	Manufacturer:	Dosage:	Route:	VIS Date:

