

2020-2021 VACCINE REGISTRATION FORM



King's Pharmacy
139 N LHS Dr Ste 211.
Lumberton, TX 77657
Phone: (409) 755-1145
Fax: (409) 755-1314

CORPORATION USE ONLY
Bill To:

----- *Please Complete All Fields- Sign and Date-* -----

➔ **Vaccines Needed Today:** Flu Pneumonia

➔ **Payment Method:** Medicare Self Pay Insurance

MEDICARE NUMBER
Please include the letter after your number, as it appears on your Medicare card

NAME: _____

ADDRESS: _____
STREET CITY STATE
ZIP

E-MAIL: _____ **Phone:** _____

D.O.B. _____ **Age:** _____ Male Female

- Are you allergic to latex? Yes No
- Are you allergic to eggs? Yes No
- Have you ever had a reaction to any vaccine? Yes No
- Do you have a fever or a cold or are you taking antibiotics? Yes No
- Are you pregnant? (Prescription required if less than 14 weeks) Yes No
- Are you a smoker? Yes No

➔ **Primary Care Physician:** _____

➔ _____ **MEDICARE IS MY PRIMARY MEDICAL COVERAGE OR I WILL BE RESPONSIBLE FOR THE PAYMENT.**
Please Initial

I authorize King's Pharmacy to receive payment for services. I have been informed that there is a risk to adverse effects with any vaccines including those listed above. I also understand that there are possible side effects associated with these vaccines (fever, malaise, swelling at site). I am requesting that this immunization be given to me and hereby release King's Pharmacy, any retail site, pharmacy, corporation, physician and/or medical director and their respective affiliates. King's Pharmacy and any other aforementioned parties shall not at any time or extent whatsoever be liable, responsible, or in any way accountable for any loss, injury, death, or damage suffered in any way as a result of this vaccine program or the administration of said vaccine.

➔ _____
Signature Date

*******PLEASE DO NOT WRITE BELOW THIS LINE*******

VACCINE INFORMATION SHEET

VERSION: 08/05/2019 **INITIALS:** _____

For Pharmacist Use Only--- For Pharmacist Use Only--- For Pharmacist Use Only

- Afluria Quad Lot# P100239705 Exp. 05/20/2021
- Fluzone Quad
- Pneumovax 23 Lot# _____ Exp. _____