

# 2022-2023 VACCINE REGISTRATION FORM



King's Pharmacy  
139 N LHS Dr Ste 211  
Lumberton, TX 77657  
Phone: (409) 755-1145  
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## CORPORATION USE ONLY

Bill To: \_\_\_\_\_

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

➔ Vaccines Needed Today: Flu  Pneumonia

➔ Payment Method:  Medicare  Self Pay  Insurance\*  
\*Please provide copy of 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: 08/06/2021 INITIALS: \_\_\_\_\_



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

Afluria Quad Lot# \_\_\_\_\_ Exp. \_\_\_\_\_  
 Fluzone Quad  
 Pneumovax 23 Lot# \_\_\_\_\_ Exp. \_\_\_\_\_  
 Prevnar-13 Lot# \_\_\_\_\_ Exp. \_\_\_\_\_

Left Arm  
 Right Arm

BB CW GG GH