



PNEUMOCOCCAL

PNEUMOCOCCAL POLYSACCHARIDE VACCINE ADMINISTRATION REQUEST

"I have received the **Pneumococcal Polysaccharide Vaccine Information Statement (VIS)**, describing **'What you need to know'** before you get the vaccine. I received the _____ VIS [provider fill in VIS year]. I have read or have had explained to me the information in this VIS about Pnuemococcal Polysaccharide vaccine. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of Pneumococcal Polysaccharide vaccine and ask that it be given to me or the person named for whom I am authorized to make this request." **Sign in appropriate row below.**

Clinic _____ County _____

Information about person to receive vaccine (please print).						For Clinic Use Only:	
NAME: LAST	FIRST	MIDDLE INITIAL	BIRTHDATE	AGE	CLINIC / OFFICE ADDRESS: _____		
ADDRESS: STREET						DATE VACCINE ADMINISTERED: _____	
CITY						VACCINE MANUFACTURER: _____	
COUNTY						VACCINE LOT NUMBER: _____	
STATE						SITE OF INJECTION: _____	
ZIP						SIGNATURE OF VACCINE ADMINISTRATOR: _____	
SIGNATURE OF PERSON TO RECEIVE OR PERSON AUTHORIZED TO MAKE THE REQUEST:						X _____	
1 X						TITLE OF VACCINE ADMINISTRATOR: _____	
DATE							
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