

THE HOUSE OF THE GOOD SHEPHERD

CONSENT FOR INFLUENZA AND PNEUMOCOCCAL VACCINES

Patient/Resident Name _____

INFLUENZA VACCINE: The influenza vaccine has been shown to protect older adults from hospitalization and deaths resulting from an influenza infection. We usually conduct an organized vaccine campaign between October and December each year.

_____ YES I wish to receive the influenza vaccine on an annual basis while I am residing in this facility

_____ NO I do not wish to receive the influenza vaccine.

_____ I have already received the current year influenza vaccination on _____
Date

Resident or Resident Representative Signature: _____

Date: _____

PNEUMOCOCCAL VACCINE: Anyone 65 years of age or older or having chronic health problems is considered to be at a high risk for exposure and complications from pneumonia.

_____ YES I wish to receive the pneumococcal vaccine.

_____ NO I do not wish to receive the pneumococcal vaccine.

_____ I received the pneumococcal vaccine previously on _____
Date

Resident or Resident Representative Signature: _____

Date: _____