



FLORIDA ATLANTIC UNIVERSITY

Pneumococcal Polysaccharide Vaccine Consent Form

I have read the Centers for Disease Control (CDC) Vaccine Information Statement “Pneumococcal Polysaccharide Vaccine: What You Need To Know” (10/6/09) and have had an opportunity to ask questions. I understand the benefits and risks of the vaccine and I consent to vaccination with Pneumococcal Polysaccharide Vaccine. I agree to stay in Student Health for 20 minutes following my injection.

I agree to hold Florida Atlantic University, Student Health Services and all of its employees harmless should an unforeseen or untoward event occur. IT IS MY INTENTION BY THIS INSTRUMENT TO EXEMPT AND RELIEVE FLORIDA ATLANTIC UNIVERSITY BOARD OF TRUSTEES, ITS INSTRUCTORS, AGENTS OR EMPLOYEES FROM LIABILITY FOR PERSONAL OR BODILY INJURY, OR WRONGFUL DEATH CAUSED FROM THE ADMINISTRATION OF THE PNEUMOCOCCAL POLYSACCHARIDE VACCINE. I hereby CONSENT to receive this vaccine.

Signature

Student ID/Z Number

Date

Signature of parent or guardian (if student is under 18)

Date

Witness

Date

Student Health Services, Division of Student Affairs

777 Glades Road, Boca Raton, FL 33431

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S: In for Pneumococcal Polysaccharide Vaccine

Date: _____

Denies:

- ☐ Moderate to severe acute illness.
- ☐ Severe allergic reaction from previous doses of Pneumococcal Polysaccharide vaccine or to any vaccine component.

If I am female:

- ☐ I certify that I am not pregnant at this time; administration of this vaccine is NOT recommended during pregnancy.

O: Time: _____

Lot #: _____

Site:

Exp. Date: _____

- ☐ RT arm
- ☐ LT arm
- ☐ Consent reviewed and signed
- ☐ Vaccine Information Sheet given

Nurse Signature

A: Pneumococcal Polysaccharide Vaccine

P: Pneumococcal Polysaccharide Vaccine 0.5 ml IM (intramuscular)

Remain in clinic 20 minutes.

Return to clinic if any concerns or complaints.

Provider Signature