



559-635-7707

PNEUMOCOCCAL IMMUNIZATION CONSENT

Pneumococcal

Pneumococcal disease is caused by the bacterium *Streptococcus pneumoniae* (pneumococci) and is more prevalent in winter and early spring. Predisposing conditions, such as season, crowding, presence of upper respiratory infection or other underlying medical conditions, have a significant impact on disease occurrence. Transmission occurs from person-to-person via droplets and by direct contact. In the United States, pneumococcal disease is more often reported in adults over 40 years old. Recent reports indicate that pneumococci cause 36% of all adult community-acquired pneumonia and up to half of all hospitalized pneumonia cases. Pneumococcal disease has become increasingly more difficult to treat because of drug resistance. This makes vaccination even more important in the U.S. and other countries.

Vaccine

Pneumococcal vaccine is an inactivated-bacteria. The vaccine is effective for diseases caused by *Streptococcus pneumoniae*. The Centers for Disease Control Advisory Committee on Immunization Practices (ACIP) now recommends a routine vaccination at age 50. It is also recommended for persons with underlying medical conditions or chronic illnesses. There is no known incompatibility with other immunizations, including influenza.

Risks and Possible Side Effects

Mild side effects may occur, such as pain and redness at the injection site. It is very uncommon to have more serious side effects, such as fever, myalgia, or severe local reactions. There is no evidence that the severity of side effects increases following revaccination.

Contraindication

Vaccination is generally not recommended for the following people:

1. Acute febrile illnesses.
2. Anaphylactic reaction to a previous dose.
3. Allergy to Thimerosal.
4. Pregnancy.

If you have any of the above, please notify the staff. If you have any questions, please ask now or check with your physician before receiving the vaccine.

If you experience any significant reactions, see your physician.

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For Clinic Use

Date of Vaccination: _____ Manufacturer & Lot #: _____ Site: SQ Right Left

Administered By: _____ Clinic Site: _____ Payment: _____

I have read the above information about Pneumococcal disease and vaccine and I have had a chance to ask questions. I understand the benefits and risks of pneumococcal vaccination and request that the vaccine be given to me.

Information-Person to Receive Vaccine

Name: _____ Date of Birth: _____ Age: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Signature: _____ Daytime Phone #: _____