

Aetna ID # W

The questions below will allow us to determine if you are eligible for a vaccine today .If any question is unclear, please ask a pharmacist for assistance.

I acknowledge that I have received, read, and understand the Vaccine Information Statement for the vaccine(s) listed below. I have had the chance to ask questions about the contents of the Vaccine Information Statement. I understand the benefits and risks of the vaccine, and I believe that benefits of receiving the influenza vaccine outweigh the risks associated with receiving the vaccine. I hereby consent to have the vaccine administered to me by the company pharmacist. I understand and agree that this company may be required by applicable law to report certain information without notice to me about my vaccination to the appropriate state and federal regulatory authorities for purposes such as reporting of adverse events or immunization registries. I further agree to hold harmless BI-LO, LLC and its subsidiaries, officers, employees, agents, representatives, contractors, successors and assignees from any claim or action arising out of or, in any way incidental to this vaccination. I am 18 years or older, under no duress, and have read and understand this informed consent for the vaccine listed below. I will communicate the information provided to me today about my vaccination to my primary care provider, if I have one.

By signing below, I certify that I am the patient or the patient's guardian/personal representative signing on behalf of the patient. I read, understand and agree to all the statements on this form.

Date

Admin date	Vaccine	Vaccine Lot #	Exp Date	Manufacturer	Dosage	Site of Injection	VIS Date
						IM/SQ L/R Deltoid/PLUA	
						IM/SQ L/R Deltoid/PLUA	
						IM/SQ L/R Deltoid/PLUA	
Signature of Pharmacist							