

**CHARLOTTE HALL VETERANS HOME
INFLUENZA/PNEUMOCOCCAL/ VARICELLA STATUS OF RESIDENT**

Influenza Vaccine

It is strongly recommended that all residents of long-term care facilities receive immunization against influenza.

I understand that vaccination of residents and other persons in close contact with high risk groups can help reduce transmission of influenza and subsequent influenza-related complications.

I understand that 70-90% of persons who take the vaccine will develop immunity. Immunity to influenza is short lived; therefore the vaccine needs to be repeated each year.

I have been given and understand the Center for Disease Control Influenza Vaccine Fact Sheet entitled "What you need to know" published by the CDC.

Check at least one of the following statements:

- I received the vaccine through my PMD/other care provider (Date of Last Vaccine: _____)
- Please administer the vaccine to me at CHVH on a yearly basis
- I do not wish to be immunized against influenza, Reason for Refusal:

Pneumococcal Vaccine

It is strongly recommended that all residents of long-term care facilities receive immunization against Pneumococcal Pneumonia. I have been given and understand the Center fir Disease Control Pnuemococcal Vaccine fact sheet entitled " What you need to know" published by the CDC.

Check one of the following statements:

- I wish to receive the pneumococcal vaccine as ordered by my doctor. (If you have NOT had the vaccine within the last 5 years, you should have one more vaccine.)
- I do NOT wish to receive the pneumococcal vaccine at this time, Reason for Refusal:

I have received the pneumococcal vaccine within the immediate 5 years: Date _____

Chicken Pox	<input type="checkbox"/> I have had	<input type="checkbox"/> I have NOT had	<input type="checkbox"/> Unknown
Varicella Vaccine	<input type="checkbox"/> I have had	<input type="checkbox"/> I have NOT had	<input type="checkbox"/> Unknown

Signature: Resident/ Responsible Party

Date

Signature: Witness

Date

Last Name	First Name	Attending Physician	Medical Record #	Room #
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