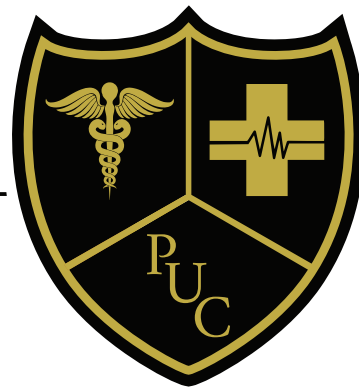


**PRESTIGE**  
**URGENT CARE**



Date: \_\_\_\_\_

**Herpes Zoster (Shingles) Vaccine**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

*How much will the shingles vaccine cost?*

The total cost of the vaccine is \$285, a NON-REFUNDABLE deposit of \$142.50 is due at the time the vaccine is ordered by Paramount Urgent Care. Paramount Urgent Care will contact you once the vaccine has arrived. The remaining \$142.50 will be collected on the day the vaccine is administered.

I, \_\_\_\_\_ agree to pay the **Non-Refundable** deposit of \$142.50 for Herpes Zoster vaccine to be ordered today \_\_\_\_\_, and I agree to pay the remaining balance of \$142.50 when the vaccine is administered.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date Signed

<b><u>Screening Questionnaire</u></b>	<b><u>YES</u></b>	<b><u>NO</u></b>	<b><u>UNSURE</u></b>
Are you feeling well today?			
Do you have allergies to medications, food, or any known vaccines?			
Have you ever had a serious reaction after receiving a vaccination?			
Do you have cancer, AIDS, or any other immune system problem?			
Do you take any of the following: Cortisone, Prednisone, Anti-Cancer drugs?			
Have you had any recent X-Rays?			
During the past year, have you received a transfusion of blood or blood products?			
Have you received any other vaccinations in the past 4 weeks?			
Are you allergic to Neomycin, or gelatin?			
Are you 60 years of age or older?			
Have previously had chickenpox?			
Do you have active tuberculosis (TB)?			
<b><u>FEMALE PATIENTS ONLY</u></b> : are you pregnant, or is there a chance that you will become pregnant in the next three months?			

**Patient Information**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Patient Email Address: \_\_\_\_\_

**Participant Consent**

I have read the information provided by Paramount Urgent Care regarding the Shingles Vaccination, and acknowledge that the above information has been answered correctly to the best of my ability. I consent to receiving the Shingles (Herpes Zoster) vaccination.

Patient Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Clinic Location: \_\_\_\_\_

BATCH # AND EXP. DATE: \_\_\_\_\_ INJECTION SITE: \_\_\_\_\_

ADMINISTERED BY: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_

# SHINGLES VACCINE

## WHAT YOU NEED TO KNOW

Many Vaccine Information Statements are available in Spanish and other languages. See <http://www.immunize.org/vis>.

### 1 What is shingles?

Shingles is a painful skin rash, often with blisters. It is also called Herpes Zoster, or just Zoster.

A shingles rash usually appears on one side of the face or body and lasts from 2 to 4 weeks.

Its main symptom is pain, which can be quite severe. Other symptoms of shingles can include fever, headache, chills and upset stomach.

Very rarely, a shingles

infection can lead to pneumonia, hearing problems, blindness, brain inflammation (encephalitis) or death.

For about 1 person in 5, severe pain can continue even long after the rash clears up. This is called **post-herpetic neuralgia**.

Shingles is caused by the Varicella Zoster virus, the same virus that causes chickenpox.

Only someone who has had chickenpox – or, rarely, has gotten chickenpox vaccine – can get shingles. The virus stays in your body, and can cause shingles many years later.

You can't catch shingles from another person with shingles. However, a person who has never had chickenpox (or chickenpox vaccine) could get **chickenpox** from someone with shingles. This is not very common.

Shingles is far more common in people 50 years of age and older than in younger people. It is also more common in people whose immune systems are weakened because of a disease such as cancer, or drugs such as steroids or chemotherapy.

At least 1 million people a year in the United States get shingles.

### 2 Shingles vaccine

A vaccine for shingles was licensed in 2006. In clinical trials, the vaccine reduced the risk of shingles by 50%. It can also reduce pain in people who still get shingles after being vaccinated.

A single dose of shingles vaccine is recommended for adults 60 years of age and older.

### 3 Some people should not get shingles vaccine or should wait

A person should not get shingles vaccine who:

- has ever had a life-threatening allergic reaction to gelatin, the antibiotic neomycin, or any other component of shingles vaccine. Tell your doctor if you have any severe allergies.
- has a weakened immune system because of current:
  - AIDS or another disease that affects the immune system,
  - treatment with drugs that affect the immune system, such as prolonged use of high-dose steroids,
  - cancer treatment such as radiation or chemotherapy,

- cancer affecting the bone marrow or lymphatic system, such as leukemia or lymphoma.
- is pregnant, or might be pregnant. Women should not become pregnant until at least 4 weeks after getting shingles vaccine.

Someone with a minor acute illness, such as a cold, may be vaccinated. But anyone with a moderate or severe acute illness should usually wait until they recover before getting the vaccine. This includes anyone with a temperature of 101.3° F or higher.

## 4 What are the risks from shingles vaccine?

A vaccine, like any medicine, could possibly cause serious problems, such as severe allergic reactions. However, the risk of a vaccine causing serious harm, or death, is extremely small.

No serious problems have been identified with shingles vaccine.

### Mild Problems

- Redness, soreness, swelling, or itching at the site of the injection (about 1 person in 3).
- Headache (about 1 person in 70).

Like all vaccines, shingles vaccine is being closely monitored for unusual or severe problems.

## 5 What if there is a moderate or severe reaction?

### What should I look for?

Any unusual condition, such as a severe allergic reaction or a high fever. If a severe allergic reaction occurred, it would be within a few minutes to an hour after the shot. Signs of a serious allergic reaction can

include difficulty breathing, weakness, hoarseness or wheezing, a fast heart beat, hives, dizziness, paleness, or swelling of the throat.

### What should I do?

- **Call** a doctor, or get the person to a doctor right away.
- **Tell** your doctor what happened, the date and time it happened, and when the vaccination was given.
- **Ask** your provider to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form. Or you can file this report through the VAERS website at <http://www.vaers.hhs.gov>, or by calling 1-800-822-7967.

*VAERS does not provide medical advice.*

## 6 How can I learn more?

- Ask your doctor or other health care provider. They can give you the vaccine package insert or suggest other sources of information.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call 1-800-232-4636 (1-800-CDC-INFO)
  - Visit the CDC's website at <http://www.cdc.gov/vaccines>



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR DISEASE CONTROL AND PREVENTION



Vaccine Information Statement  
Shingles

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