Walmart and S Dr. Kelly, P. N	Sam's Club V	t Admile	Intertion Donner	1 1 1 - 6	Cancant		THE PERSON NAMED IN COLUMN 1	PACTED BY	
Dr. Kelly, P. N					principal and the second secon		Walmart	Times	
	NPI:198286946	7 413-668-6684	4 1 Cooper Plaza	Camden, NJ 081		ual Reporting Initia			THE RESERVE OF THE PARTY OF THE
Section A (pleas	se print clearly)				Pharma	acist Verification:			
irst Name:			_ Last Name:			_Gender:	male Male	Date of Birth:	
lome Address: _			_City:	State			one Number:		
ace: 🗆 America	n Indian/Alaskar	n Native	an Black/Africa	n American 🗆 W	hite Nativ	ve Hawaiian/Othe	r Pacific Islander	Other Dec	cline to State
thnicity:	panic/Latino	□ Not Hispanic	or Latino 🗆 Decli	ne to State					
o you have a Pri	imary Care Physi	ician? 🗆 YES	□ NO Primary Car	re Physician Name:			Street Name:		
o you authorize	this pharmacy to	o send your info	rmation to your Pri	mary Care Physicia	an? YES	□ NO			
/accine Requeste		The state of the s				lepA HepB	Meningococcal	varicella cist Verification of	DUR.
			cines and will help	is determine your e	ligibility to be v	accinated today.	Pharma	YES	4170
 Is the person to a. D 		THE RESIDENCE OF THE PARTY OF T	erate to high fever?					YES	
b. D	oes the person ha	eve a cough?						YES	
d. H	loes the person ha	n vomiting?						YES YES	
e. D	o you have a cut, i	injury, puncture, c	or open wound that p	rompted you to get	a tetanus shot?				3
2. Does the perso	n to be vaccinate	ed have allergies	to medications, food	components, vac	ine componer	nts, or latex? If yes,	please list.	YES	s NO
			hoalth condition or					YES	s NO
Evama	les heart lung ki	dnev neummuscu	health condition or lar, liver, metabolic disc	ases, asthma, diabe	tes, anemia, o	ther blood disorders	, neurologic or is the	e patient a smoker?	
4. Has the person	to be vaccinated	d ever had a react	tion, fainted, or felt of	dizzy after receiving	a vaccine or h	nas any physician o	or other healthcar	e professional eve	s NO
or warned you ab	to be wassing ter	rtain vaccines or	receiving vaccines of the disorder for which	they are on seizu	e medications	a brain disorder, 0	Suillain-Barre Sync	frome, or other ner	
problems?	i to be vaccinated	J evel Had a seizu	ile disorder for writer	tiley are on seizu.				YES	s NO
6. Is the person to	o be vaccinated c	urrently pregnan	t, considering become	ming pregnant in t	ne next month	, or breast-feeding	?	YES	s NO
7. Does the perso	n to be vaccinate	ed have a weaker	ned immune system,	is in contact with a	nyone with a	severely weakened	immune system	or in long-term trea	itment with
drugs such as high	h-dose steroids?	Examples: cancer	, leukemia, lymphom	a, HIV/AIDS, transp	lant, rheumato	id arthritis, ankylos	ing spondylitis, Cro	ohn's disease YES	s NO
or any other imm			will be receiving C				AD III) chingles ar	newer questions (8-11) helow.
cortisone or high-	dose steroid ther	apy (prednisone :	b or etanercept), hig	h dose methotrexat	e, azathioprine,	mercaptopurine, a	, Simponi, Simpon nticancer drugs, a	ntivirals or radiatio	n treatment,
cortisone or high-	dose steroid ther	apy (prednisone:	>20mg/day or equiva- odies, a transfusion of	h dose methotrexat lent) for longer tha	e, azathioprine, n two weeks?	mercaptopurine, a	nticancer drugs, a	ntivirals or radiatio	n treatment,
cortisone or high- 10. Has the perso	n to be vaccinate	apy (prednisone :	b or etanercept), high >20mg/day or equiva	lent) for longer that of blood or blood p	e, azathioprine, n two weeks? roducts, been	given immune (ga	nticancer drugs, a	ntivirals or radiatio	n treatment,
10. Has the personant of the personant o	on to be vaccinate on to be vaccinate on to be vaccinate on the section of the se	ted have a history art, as applicable ad explained to m	or etanercept), high 20mg/day or equivalence, a transfusion of thrombocytoper and sign and date acknowledge, to administer the received the Vaccine Information of the Vaccine Informat	h dose methotrexations for longer that of blood or blood promoved and that you nedications (s) I have nation Statement	e, azathioprine, n two weeks? roducts, been purpura understand at we requested a and/or Vaccine	mercaptopurine, a given immune (ga (MMR II only)? Ind agree. bove. I understance Patient Fact Shee	nticancer drugs, a mma) globulin, o	risks of receiving to YES	n treatment, S NO ast year? S NO his medication receive. I
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