



ZOSTAVAX VACCINATION CONSENT

617 418 3675

Shingles (Herpes Zoster) :: Anyone who has had chicken pox is at risk for developing shingles. It is estimated that 1 million or more cases occur each year in the United States. Shingles can occur in people of all ages, but most commonly in those over 60 years of age, and this risk increases as people get older. When shingles develop, a rash or blisters appear on the skin, generally on one side of the body. This is a sign that the virus, that has been dormant in the nerve cells, has reactivated and traveled from the nerves and followed a path out to the skin. Because the nerves along the path become inflamed, shingles can also be painful. Pain that lasts for months after the rash has healed is called post herpetic neuralgia or PHN. For some people, this pain can be severe and chronic.

Vaccine—Zostavax :: Zostavax is a lyophilized preparation of the Oka/Merck strain of live, attenuated varicella-zoster virus. Zostavax, when reconstituted as directed, is a sterile preparation for subcutaneous administration. Each 0.65 ml. dose when reconstituted may be stored at room temperature for up to 30 minutes. Zostavax is given as a single dose by an injection under the skin, preferably in the upper arm. Zostavax helps to reduce the risk of getting herpes zoster (shingles) in individuals 60 years of age and older. In clinical trials, researchers found the vaccine reduced the occurrence of Shingles in about 50% of vaccinees. The vaccine effect was highest at 64% in people between the ages of 60-69 years old. This vaccine can prevent shingles and diminish painful symptoms but is not a treatment.

Risks and Possible Side Effects :: Common side-effects reported were: redness, pain and tenderness, swelling at the site of injection of the vaccine and headache.

Contraindication :: Vaccination is generally not recommended for:

1. People who are allergic to neomycin, or any component of the vaccine.
2. People with a weakened immune system, since the vaccine is live.
3. Pregnant women or those in close contact with pregnant women who have not had chickenpox
4. Under 60 years of age.
5. Fever >101.3°F

If you have any questions, please ask the nurse. 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 Zostavax, and I have had a chance to ask questions. I understand the benefits and risks of the Zostavax vaccination and request that the vaccine is given to me. I understand Passport Health is not a Medicare provider, and does no insurance billing or filing of forms. I am responsible for all fees.

Information-Person to Receive Vaccine

Name: _____ Date of Birth: _____ Age: _____

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

Signature: _____ Daytime Phone #: _____