# Attachment 2

## Pneumococcal Vaccine Status

### Questionnaire and Consent for Family Member or Guardian

Name of long term care facility ___________________________________________
Name of resident ______________________________________________________

Please check one of the following three boxes and complete the remainder of the information as requested:

- **G** I hereby request that pneumococcal vaccine be given to the resident named above for whom I am authorized to make this request.
- **G** The above patient has had pneumococcal vaccine:
  - Date____________________________________
  - If date unknown: Doctor who gave the vaccine __________________________
  - Doctor's telephone number __________________________
- **G** I decline to give consent for vaccine administration

Signed __________________________________________
Print name __________________________________________
Date __________________________________________
Phone # __________________________________________

Return questionnaire to:
- Contact person ______________________________________
- Facility name _______________________________________
- Facility address ____________________________________

_______________________________________