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## SHINGLES VACCINE

### *What is shingles?*

Shingles is a painful skin rash, often with blisters. It is also called Herpes Zoster. A shingles rash usually appears on one side of the face or body and lasts from 2 to 4 weeks. It's 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, and brain inflammation.

### *What causes shingles?*

Shingles is caused by the Varicella Zoster virus, the same virus that causes chickenpox. Only someone who has had a case of the chickenpox or gotten the chickenpox vaccine can get shingles. The virus stays in your body, and can reappear many years later to cause a case of shingles.

You can't catch shingles from another person with shingles. However, a person who has never had chickenpox (or the chickenpox vaccine) could get **chickenpox** from someone with shingles. Shingles is far more common in people 50 and older than in younger people. It is also more common in people whose immune systems are weakened because of disease such as cancer, or drugs such as steroids or chemotherapy. At least 1 million people a year in the United States get shingles.

### *About the vaccine.*

A vaccine for shingles was licensed in 2006. In clinical trials, the vaccine prevented shingles in about half of people 60 years of age and older. It was also found to reduce the pain associated with shingles. A single dose of the shingles vaccine is now indicated for adults **60 years of age and older**.

### *You are not a candidate for the shingles vaccine if..*

- You have ever had a life-threatening **allergic reaction** to **gelatin**, the antibiotic **neomycin**, or **any other component of the shingles vaccine**. Tell your doctor if you have any severe allergies.
- You have a **weakened immune system** because of
  - HIV/AIDS or another disease that affects the immune system
  - treatment with drugs that affect the immune system, such as steroids
  - cancer treatment such as radiation or chemotherapy
  - a history of cancer affecting the bone marrow or lymphatic system, such as leukemia or lymphoma
- You have active, untreated **tuberculosis**
- You are **pregnant**, or might be pregnant. Women should not become pregnant until at least three months after getting the shingles vaccine.

***What are the risks involved with receiving the shingles vaccine?***

A vaccine, like any vaccine 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 the shingles vaccine.**

***What does an allergic reaction look like?***

Mild to moderate signs of a reaction can include redness,swelling,hives,itching at the injection site, and a headache. Signs of a **serious reaction** includes confusion,high fever,trouble breathing,hoarseness,wheezing, paleness,a fast heartbeat,and dizziness. Signs of an allergic reaction are most likely to appear within the first few hours after the vaccination.

***What should I do if I think I am having an allergic reaction?***

Severe allergic reactions should be taken very seriously. If you believe that you are having a severe allergic reaction you should call 911, or go to your local emergency department immediately.

**Call or visit** your doctor right away for mild to moderate reactions. Make sure to **tell** your doctor exactly what happened, including the date and time of the incident. **Ask** your doctor,nurse,or local health department to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form. You can also file a report yourself through the VAERS website at [www.vaers.hhs.gov](http://www.vaers.hhs.gov), or by calling 1-800-822-7967.

***How can I learn more?***

To learn more about the shingles vaccine you can

- Ask your provider for more information
- call your local or state health department
- contact the Centers for Disease Control and Prevention (CDC):  
-call **1-800-232-4636 (1-800-CDC-INFO)**  
-visit CDC's website at **www.cdc.gov/nip**

***General information for patients to know before receiving the shingles vaccine...***

- If you have any questions regarding the vaccine please talk to your doctor
- Discuss all major medical conditions with you doctor before receiving the vaccine
- It is not uncommon for some patients to develop a slight fever, muscle pains, and generally feel a bit “unwell” for a few days following the vaccine.

***How much will the shingles vaccine cost?***

***The total cost of the vaccine is \$220, a NON REFUNDABLE deposit of \$100 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 \$120 will be collected on the day the vaccine is administered.***

## Screening Questionnaire

1. Are you feeling well today? \_\_\_\_\_
2. Do you have allergies to medications, food, or any known vaccines? \_\_\_\_\_
3. Have you ever had a serious reaction after receiving a vaccination? \_\_\_\_\_
4. Do you have cancer, AIDS, or any other immune system problem? \_\_\_\_\_
5. Do you take any of the following: Cortisone, prednisone, anticancer drugs? \_\_\_\_\_
6. Have you had any recent X-Rays? \_\_\_\_\_
7. During the past year, have you received a transfusion of blood or blood products? \_\_\_\_\_
8. Women: are you pregnant, or is there a chance that you will become pregnant in the next three months? \_\_\_\_\_
9. Have you received any other vaccinations in the past 4 weeks? \_\_\_\_\_
10. Are you allergic to Neomycin, or gelatin? \_\_\_\_\_
11. Are you 60 years of age or older? \_\_\_\_\_
12. Have previously had chickenpox? \_\_\_\_\_

### **Patient Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone Number \_\_\_\_\_ 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 \_\_\_\_\_

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### **For Office Use Only**

**Clinic Location:**

8640 East CR 466,  
Suite A  
The Villages, FL 32162

628 Cagan View Road  
Suite 4  
Clermont, FL 34714

8972 Turkey Lake Road  
Suite A-400  
Orlando, FL 32819

BATCH # AND EXPIRATION DATE: \_\_\_\_\_

ADMINISTERED BY: \_\_\_\_\_ INJECTION SITE: \_\_\_\_\_

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