

Perrone Pharmacy, Inc.

FORM 2 INSTRUCTIONS FOR IMMUNIZATION REGISTRY ADULT CONSENT FORM

- A) This form must be filled out in its entirety. Do not leave any blanks. If you do not have an email address, then enter "NONE".
- B) If you do not have information regarding your mother's first name or her maiden name, enter "UNKNOWN".
- C) Please indicate if you are a FIRST RESPONDER OR AN IMMEDIATE FAMILY MEMBER OF A FIRST RESPONDER by checking the appropriate box. A FIRST RESPONDER is defined as a public safety employee or volunteer whose duties include rapidly responding to an emergency. AN IMMEDIATE FAMILY MEMBER is defined as a parent, spouse, child or sibling who resides in the same household as a FIRST RESPONDER.
- D) You must date this form, print your name and sign your name at the bottom of this form.