Cohen Student Health Center
Mercyhurst University
501 East 38th Street
Erie, Pennsylvania 16546
814-824-2431
FAX: 814-347-8275

INSTRUCTIONS FOR ALLERGY SERUM ADMINISTRATION

Your patient has requested to continue with receiving their allergy serum at the Cohen Student Health Center while attending Mercyhurst University. Injections are given according to their allergist's schedule and protocol. Please provide all of the necessary information on this form and mail or fax this document to Mercyhurst University's Cohen Student Health Center. Your patient will also be speaking with you concerning transporting their allergy serum to the university clinic.

PATIENT INFORMATION: (Please Print)

Name:	Date of Birth:

ALLERGY VACCINE ADMINISTRATION INFORMATION:

VACCINE SPECIFICS INCLUDING CONCENTRATION, DOSE & EXPIRATION DATE OF SERUM:

Expiration Date: _____

_____

_____

Storage Requirements: _____

SCHEDULE OF ADMINISTRATION:

-

_____

_____

INSTRUCTIONS FOR MISSED DOSES: (1,2,3,4 WEEKS LATE):

_____

_____

_____

ADMINISTRATION DURING ILLNESS:

Specific orders regarding administration of vaccine during acute illness? Febrile illness?

_____

EMERGENCY INSTRUCTIONS FOR SEVERE REACTIONS:

_____
_____
_____

ANY HISTORY OF SEVERE REACTIONS: **YES** **NO** (if you circle "yes", please provide details regarding date, vaccine, nature of reaction, and measures taken):

_____
_____
_____

VACCINE RE-ORDER DATE: _____ DATE OF FOLLOW-UP APPT WITH ALLERGIST: _____

OTHER INFORMATION:

_____
_____
_____

PHYSICIAN INFORMATION: (Please Print)

Name: _____Phone Number: _____

Address: _____

Physician Signature: _____ Stamp: _____

Date: _____

Form: 6/22/10, revised 6/2012, rev. 6/2013, rev. 6/2015, rev. 6/2016, rev. 11/2018