

**OREGON HEALTH AUTHORITY
IMMUNIZING PHARMACIST PROTOCOL
MULTIPLE SIGNATURE PAGE (Optional)**

Last Reviewed	15 April 2019
Last Revised	15 April 2019
This order expires	Not Applicable

Vaccine: _____

Immunizing Pharmacist Signature _____ Date _____

Immunizing Pharmacist Signature _____ Date _____

Immunizing Pharmacist Signature _____ Date _____

Immunizing Pharmacist Signature _____ Date _____

Immunizing Pharmacist Signature _____ Date _____

Immunizing Pharmacist Signature _____ Date _____

Immunizing Pharmacist Signature _____ Date _____