



Health Solutions

A Healthier Workforce Starts Here

2009-2010 Influenza Vaccine Consent Form

Please print!

Name: _____ Birthdate: ____ / ____ / ____

Address: _____
Street City State Zip

Company: _____ Daytime Phone: _____

Participant: Employee Spouse Non-employee

The following questions will help us determine if there is any reason we should not give you injectable influenza vaccination. Please answer yes or no.

- | <u>Yes</u> | <u>No</u> | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Are you sick today? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have an egg allergy? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a latex allergy? <i>Pre-filled syringes have a small amount of latex in the rubber cover and plunger.</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you pregnant? <i>The CDC recommends vaccination for women who are or will be pregnant during the influenza season. If you have any questions, please check with your physician.</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have any history of Guillain-Barre Syndrome? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you had a previous reaction to influenza vaccine?
Please explain: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a primary care physician? <i>(General/Family Practice, Internal Medicine, OB/GYN)</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | If no, would you like assistance finding a physician? |

I have read, or have had explained to me, the Vaccine Information Sheet (VIS) about influenza and influenza vaccine. I have had the opportunity to ask questions that were answered to my satisfaction. I understand the benefits and risks of the influenza vaccine, and request that the vaccine be given to me.

Signature: _____ Date: _____

Staff Use Only:

Payment Method: Cash Check # _____ Employer paid

Date Vaccinated: _____ Injection Site: Left Deltoid Right Deltoid

Manufacturer, Lot #, Exp Date:

Place sticker here

Provider: _____