

HealthWorks 2011-2012 Influenza Vaccine Consent Form

Section 1: Information about Person to Receive Vaccine (please print)

Name (Last)	(First)												
Date of Birth	Age M/F												
Employer													
Insurance Member ID: (use blocks below for each letter/number)													
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 2: Please mark the corresponding boxes that apply to you:

1. Pre-Immunization Conditions: For your protection, you must accurately respond to each question in this section:

No Yes Do you suffer from allergy or sensitivity to egg, egg products, thimerosal (mercury derivative used as a preservative)?

No Yes Do you currently have an elevated body temperature (fever), acute respiratory or other active infections or illnesses?

No Yes Are you currently on antibiotics?

2. Personal History: Has a physician or healthcare provider ever told you that you have or had any of the following conditions? Please mark ALL boxes that apply:

No Yes Do you have a history of a neurological disorder causing temporary paralysis called Guillain-Barre syndrome?

No Yes Have you had a tightening in your throat or inability to breathe, an allergic reaction immediately after a previous vaccination?

Section 3: Consent

Consent for vaccination: Most commonly, the reactions may be sore or tender arm at the injection site if given a shot, or possibly fever, chills, headache or muscle aches. Symptoms usually last between 24-48 hours. I release HealthWorks and its affiliates from responsibility of any reaction resulting from the injection and I take full responsibility to seek medical attention should more severe symptoms occur. I acknowledge I have no condition including, but not limited to, those listed in Section 1 above "Pre-Immunization Conditions", that would prevent me from receiving an influenza vaccination at this time.

I have read, or had explained to me, the 2011-2012 Vaccine Information Statement for the seasonal flu vaccine and understand the risks and benefits.

I give consent to HealthWorks and its staff to administer the 2011-2012 Seasonal Influenza Vaccine to me.

Signature:

Date:

Parent/Guardian Signature if under 18:

The 2011-2012 influenza vaccine contains the following strains:

- an A/California/7/2009 (H1N1)–like virus;
- an A/Perth/16/2009 (H3N2)–like virus; and
- a B/Brisbane/60/2008–like virus.

Injection Site (Nurse Only)

Left

Right