



Building **Healthy** Worksites

**HealthWorks 2018-2019 Influenza Vaccine Consent Form**

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

Name:	Last		First
Date of Birth:	MM/DD/YYYY	Age	Circle: M/F
Daytime Phone Number:	Employer:		Insurance Provider:
<b>Write Insurance Member ID as it appears on your insurance card in boxes below: (NOT GROUP #)</b>			

**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:

- Yes  No Do you suffer from sensitivity or allergy to egg, egg products, or thimerosal (a mercury derivative used as a preservative)?
- Yes  No Do you currently have an elevated body temperature (fever), acute respiratory or other active infection or illness?
- Yes  No Are you currently on antibiotics for an active infection?

**2. Personal History:** Has a physician or healthcare provider ever told you that you have or had any of the following conditions?

- Yes  No Guillain-Barre syndrome -a neurological disorder causing temporary paralysis?
- Yes  No A tightening in your throat, inability to breathe, or an allergic reaction immediately following a previous vaccination?

**Section 3: Consent**

**Consent for vaccination:** The most common reactions may be sore or tender arm at the injection site, 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 Sections 1 & 2 above that would prevent me from receiving an influenza vaccination at this time.

**I have read, or had explained to me, the 2018-2019 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 2018-2019 Seasonal Influenza Vaccine to me.**

**Signature:**

**Date:**

**Parent/Guardian Signature if under 18:**

**Injection Site: Nurse Only (circle/initial)**

**Left**

**Right**

**The 2018-2019 quadrivalent vaccine contains the following strains:**

- For H1N1, an A/Michigan/45/2015-like virus;
- For H2N2, an A/Singapore/INFIMH-16-0019/2016-like virus;
- For B Victoria, a B/Colorado/06/2017-like virus;
- For B Yamagata, a B/Phuket/3073/2013-like virus