HealthWorks
Building Healthy Worksites

HealthWorks 2019-2020 Influenza Vaccine Consent Form

Section 1: Personal Information (PLEASE PRINT)

Last Name:	First Name:	
Home Address:		
Date of Birth: MM/DD/YYYY	Age	Circle: M/F
Daytime Phone Number:	Employer:	Insurance Provider:
Are you covered by your company's insurance plan? YES NO If "YES", Is it your PRIMARY insurance? YES NO		
Write Insurance Member ID as it appears on your insurance card in boxes below: (NOT GROUP #)		

NOTE: We DO NOT accept Medicaid, Medicare, or SECONDARY Anthem, Humana, or MMOH plans!

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 or steroids 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 2019-2020 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 2019-2020 Seasonal Influenza Vaccine to me.

Signature: **Date:**

Parent/Guardian Signature if under 18:

The 2019-2020 quadrivalent vaccine contains the following strains:

- For H1N1-like virus, A/Brisbane/02/2018 (IVR-190)
- For H3N2-like virus, A/Kansas/14/2017 (X-327)
- For B Colorado-like virus, B/Maryland/15/2016
- For B Phuket-like virus, B/Phuket/3073/2013 BVR-1B

Injection Site: Nurse Only (circle/initial)

Left

Right