

HealthWorks 2020-2021 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 a sore or tender arm at the injection site, or possibly fever, chills, headache, or muscle aches. Symptoms usually last from 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 CDC's Vaccine Information Statement (VIS) for the seasonal flu vaccine and understand the risks and benefits.

I give consent to HealthWorks and its staff to administer the 2020-2021 Seasonal Influenza Vaccine to me.

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

Injection Site: Nurse Only (circle/initial)

The 2020-2021 quadrivalent vaccine contains the following strains:

- For H1N1-like virus, A/Victoria/2454/2019 IVR-207 **Left**
- For H3N2-like virus, A/Hong Kong/2671/2019 IVR-208
- For B/Washington-like virus, B/Victoria/705/2018 BVR-11 **Right**
- For B Phuket-like virus, B/Phuket/3073/2013 BVR-1B