

**HealthWorks 2021-2022 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 this company's insurance plan?		YES	NO
If "YES", is it your PRIMARY insurance?		YES	NO
<b>Write Insurance Member ID as it appears on your insurance card in boxes below: (NOT GROUP #)</b>			

**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 2021-2022 Seasonal Influenza Vaccine to me.**

**Signature:**

**Date:**

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

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

- The 2021-2022 quadrivalent vaccine contains the following strains:**
- A/Washington/19/2020 -an A/Wisconsin/588/2019 (H1N1) pdm09-like virus
  - A/Tasmania/503/2020 -an A/Cambodia/e0826360/2020 (H3N2)-like virus
  - B/Darwin/7/2019 -a B/Washington/02/2019-like virus
  - B/Singapore/INFTT-16-0610/2016 -a B/Phuket/3073/2013-like virus

**Left**

**Right**