**Employee Influenza Immunization Consent form**

Name: (Please Print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department\_\_\_\_\_\_\_\_\_\_\_DOB:\_\_\_\_\_\_\_

€ I hereby give the facility permission to administer the 2022-2023 inactivated influenza vaccine IM which is offered at our facility October through March of each year. I have read, received and understand the Vaccination Information Sheet (VIS) regarding the risks, benefits and side effects. I also acknowledge that there are no contraindications for me to receive the influenza vaccination. I also acknowledge that if an anaphylactic reaction to the influenza vaccine occurs I consent to the administration of Epinephrine 1:1000 0.5 ml SQ STAT and 911 will be called for transport to the ER. I am aware that allergic reaction may occur minutes or hours after vaccination.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If under 18 years of age, parent/guardian signature is required: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Parent/guardian signature

€ I decline to have the influenza vaccine at this time.

 Reason for decline: € Received the 2022-2023 Influenza vaccine at another location

 € Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Contraindications

|  |  |  |
| --- | --- | --- |
| □Yes | □No | Have you ever had a severe reaction (e.g. severe anaphylaxis where symptoms develop rapidly, often within seconds and may include slurred speech, wheezing, difficulty swallowing/or breathing, hives, itching, etc) to any component of the vaccine, including egg protein, the preservative thimerosal used in multi-dose vials or following a previous dose of any influenza vaccine?  |
| □ Yes | □No | Are you ill or running a temperature? |
| □Yes | □No | History of Guillian Barre syndrome occurring 6 weeks after receiving an influenza vaccine? (GBS) is a rare disorder in which a person’s own immune system damages their nerve cells, causing muscle weakness/paralysis |
| □Yes | □No | If you have had recent chemotherapy, radiation therapy, or steroids (except inhaled), these conditions may decrease the effectiveness of the vaccine. Check with your physician before receiving.  |

2022-2023 Vaccine administration information:

Manufacturer: Distributed by:

Lot Number: Expiration date:

Dose: 0.5 ml IM

Site: € L Deltoid € R Deltoid

Administered by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature/title