



Influenza Vaccine Consent/Declination
2014-2015

Annual Vaccine is available between Oct. & March of each year)

Please take this form to the In-Patient Nurses Station and they will be happy to assist you with your vaccine. Thank you!

*****PLEASE RETURN THIS COMPLETED FORM TO HUMAN RESOURCES AS PROOF OF VACCINATION*****

Print Name:				
	Screening Questions for Contraindications to the Inactivated Influenza Vaccine	NO	YES	If "yes"
1	Have you had a fever of 100°F or greater during the last 24 hours?			Check with your physician before getting vaccine.
2	Have you ever had a reaction to a previous immunization such as fever over 105°F, paralysis, convulsions, total collapse or shock?			Check with your physician before getting vaccine.
3	Are you being treated with medications such as cortisone, prednisone, chemotherapy, or radiation that lowers the body's resistance to infection?			Check with your physician before getting vaccine.
4	Are you allergic to eggs, thimerosal (mercury derivative, or latex?			Check with your physician before getting vaccine. People with severe reactions to eggs should not get the vaccine.
5	Have you ever had Guillain-Barre Syndrome?			Check with your physician before getting vaccine.
6	Are you pregnant?			You MUST receive the preservative-free vaccine.

CONSENT	Vaccine Information	Info
<input type="checkbox"/> By signing, I acknowledge I have received education about the effectiveness of influenza vaccination as well as the adverse events and I am <u>consenting</u> to receive the Seasonal Influenza Vaccination. <i>Signature:</i> _____ Date: _____	Manufacturer: _____ Lot #: _____ Exp Date: _____	<input type="checkbox"/> Employee Dept. _____ <input type="checkbox"/> Volunteer <input type="checkbox"/> Physician/Nurse Practitioner <input type="checkbox"/> Other _____
DECLINE	Administration Information	
<input type="checkbox"/> By signing, I acknowledge I have been offered this vaccine and informed of its benefits I have also been made aware as an employee of BRMC I will have to wear a mask during flu season Oct thru March while in the facility and I have chosen to <u>decline</u> Vaccination. <i>Signature:</i> _____ Date: _____	Vaccine Information Sheet Given: <input type="checkbox"/> Yes <input type="checkbox"/> No Date Vaccination Given: _____ Site Vaccination Given: _____ _____ <i>Signature of Nurse Administering Injection</i> <i>Date</i>	

IF YOU HAVE ALREADY HAD A FLU SHOT THIS SEASON, PLEASE PROVIDE COPY OF YOUR SHOT RECORD!