Memorial Health Care Systems

Seward/Milford/Utica

Employee Influenza Vaccine Consent/Decline
2023/24

Print Name	Date of Birth	Department	Age

YES	NO	
☐	☐	1. Have you ever had Guillian-Barre Syndrome within 6 weeks of taking a flu shot?
☐	☐	2. Have you ever had a serious or life-threatening reaction to the influenza vaccine?
☐	☐	3. Do you have a fever or are you seriously ill today?
If you have checked "yes" to one of questions 1-3, you are **NOT** able to receive the influenza vaccine at this time.		
☐	☐	4. Do you experience symptoms other than hives after exposure to egg (such as angioedema, respiratory distress, lightheadedness, recurrent emesis)?
If you have checked "yes' to question 4, you may receive any licensed and recommended influenza vaccine that is otherwise appropriate. The vaccine should be administered in an inpatient or outpatient medical setting and you should be supervised for 30 minutes following the vaccination by a health care provider who is able to recognize and manage severe allergic reactions.		

Receiving	Declining - & will follow masking policy
☐ YES, I have reviewed the influenza vaccine information statement and had my questions answered and I would like to have the influenza vaccine given to me. ☐ I have had a severe allergic reaction to eggs and prefer that I receive the RIV4 (recombinant influenza vaccine, quadrivalent) influenza vaccine.	☐ I am not able to receive the flu shot due to a permanent contra-indication above. ☐ I have had a flu shot already this season (since August) ☐ I realize I am eligible for the flu shot and that my refusal of it may put myself at risk of acquiring the flu ***and if I get the flu,*** I may put patients, visitors and family, with whom I have contact, ***at risk even if I have no symptoms.*** I am declining because: ☐ I'm afraid of side effects ☐ I'm afraid of injections ☐ Other (specify):____________________

Special Health Conditions

If you have had recent chemotherapy, radiation therapy or steroids (except inhaled), these conditions may decrease the effectiveness of the vaccine. However, flu vaccination is still encouraged. You may wish to visit with your physician prior to receiving the vaccine. Flu vaccination is recommended for any woman who will be breastfeeding during the influenza season, or will be pregnant during the influenza season. Vaccination can occur in any trimester.

By signing below-you will allow this immunization to be updated in your personal health record if you are a patient at MHCS Family Medical Centers.

Employee Signature: ______________________________ **Date:** ______________

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☐ 0.7ml IM **Left** deltoid ☐ 0.7ml IM **Right** deltoid

Administered by: ______________________________

Date: ______________________________ (sticker)

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