

# CHEROKEE INDIAN HOSPITAL EMPLOYEE HEALTH INFLUENZA VACCINE CONSENT 2008-2009

(Please answer all employee and screening questions)

Employee's name: \_\_\_\_\_

Where do you work? \_\_\_\_\_

Job title \_\_\_\_\_

Do you do direct patient care? Yes \_\_\_\_\_ No \_\_\_\_\_

## **Screening Questions:**

1. Allergy to eggs? Yes \_\_\_ No \_\_\_

2. Allergy to latex? Yes \_\_\_ No \_\_\_

3. Are you sick today? Yes \_\_\_ No \_\_\_

4. Have you ever had Guillain-Barre Syndrome? Yes \_\_\_ No \_\_\_  
(a paralyzing disease)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **DECLINATION FOR INFLUENZA VACCINE 2008-2009**

By signing this line I acknowledge that I have been offered the vaccine and have chosen to decline the vaccination.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that I can change my mind later and get the vaccination.

I choose not to receive the vaccine because:

\_\_\_ I already received the influenza vaccine: When \_\_\_\_\_ Where \_\_\_\_\_

\_\_\_ Medical contraindication \_\_\_ Fear of needles

\_\_\_ Fear of vaccines \_\_\_ Never get the flu

\_\_\_ I'm afraid it will make me sick \_\_\_ Prior reaction to vaccine

\_\_\_ Concern about possible side effects

\_\_\_ Don't believe it's important to be vaccinated

\_\_\_ I am pregnant (can receive during pregnancy) and want to discuss with doctor

\_\_\_ I do not want to receive the vaccine

\_\_\_ Inconvenient – please explain how we can improve service

Other: \_\_\_\_\_

Vaccine Tracking Information:

Lot # \_\_\_\_\_ Manufacturer \_\_\_\_\_

Route/Site: RUA \_\_\_\_\_ LUA \_\_\_\_\_

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

Vaccine instruction sheet (VIS) given: Yes \_\_\_\_\_ No \_\_\_\_\_