

Inactivated Influenza Vaccine Employee Administration 2008-2009

Employee Name _____ Date _____

Department _____ MR # _____ DOB _____

Circle Discipline: Pharmacist Primary Provider RN LVN CNA Support Staff

Whiteriver USPHS Indian Hospital recommends that I receive the influenza vaccination in order to protect myself and the patients I serve. I acknowledge that I am aware of the following facts:

- Influenza is a serious respiratory disease that kills an average of 36,000 persons and hospitalizes more than 200,000 persons in the United States each year.
- Influenza vaccination is recommended for me and all other healthcare workers to prevent influenza disease and its complications, including death.
- If I contract influenza, I will shed the virus for 24–48 hours before influenza symptoms appear. My shedding the virus can spread influenza infection to patients in this facility.
- If I become infected with influenza, even when my symptoms are mild, I can spread severe illness to others.
- I understand that the strains of virus that cause influenza infection change almost every year, which is why a different influenza vaccine is recommended each year.
- I cannot get the influenza disease from the influenza vaccine.

Please complete the following: Have you ever had a severe allergic reaction to eggs? No Yes

Do you have a fever today? No Yes

Have you ever had Guillain-Barre Syndrome? No Yes

Have you ever had a severe reaction to the Flu shot? No Yes

I consent to receive the Influenza Vaccine.

Signature _____ Date _____

Vaccine Manufacturer **Lot #** **Right Deltoid** **Left Deltoid**

Administered by _____ **Date** _____

Declination of Influenza Vaccination

• The consequences of my refusing to be vaccinated could endanger my health and the health of those with whom I have contact, including patients in this healthcare setting, my coworkers, my family, and the community.

Despite these facts, I am choosing to decline influenza vaccination right now. I understand that I may change my mind at any time and accept influenza vaccination, if vaccine is available.

I have read and fully understand the information on this declination form.

Reason for refusal (please circle one):

Allergy

Prior Reaction

Religious Preference

Other _____

Signature: _____ Date: _____