

Employee Seasonal Influenza Vaccination Consent Form 2022- 2023

I have read or have had explained to me the Vaccine Information Statement (VIS) dated August 6, 2021 about Influenza Vaccine. I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of influenza vaccine and request that it be given to me or to the person named below for whom I am authorized to make this request.

Employee Demographic Information 2022 – 2023 Influenza Vaccine Administration (please print)

Last Name	First Name	Middle	____/____/____ Birth date
Signature of person to receive vaccine (or person authorized to make the request) Signature: _____ Date: ____/____/____			Are you an AltaMed: ☐ Employee Are you an AltaMed: ☐ Patient ☐ Contract Employee/Per Diem Employee ID # _____ Department/Work location: _____ Job Title: _____

Influenza Immunization Screening Questionnaire

INACTIVATED INJECTABLE INFLUENZA VACCINATION	YES	NO	DON'T KNOW
1. Is the person to be vaccinated have a fever or feel sick today?			
2. Has the person to be vaccinated ever had a severe reaction to the flu vaccine or to a component of the vaccine?			
3. Is the person to be vaccinated had severe allergy to egg?			
4. Is the person to be vaccinated had a severe allergy to Thimerosal (a preservative used in some vaccines)?			
5. Is the person to be vaccinated had a severe allergy to latex?			
6. Has the person ever had Guillain-Barre Syndrome (GBS)?			

For Health Professional Use Only

Vaccine	Date Given	Manufacturer	Lot Number	Inj. Site	Given by
Influenza	____/____/____	☐ Sanofi Pasteur ☐ GSK			

ADULT IMMUNIZATION RECORD

Last name

First name

M.I.

Birthdate:

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Vaccine	Date Given	Manufacturer	Lot Number	Inj. Site	Given by
Influenza	___/___/___	☐ Sanofi Pasteur ☐ Novartis ☐ GSK ☐ MedImmune ☐ CSL			
			Expiration Date		