

**CONNECTICUT VALLEY HOSPITAL
INFLUENZA VACCINATION
CONSENT FORM**

Employee Name: _____ Employee#: _____

Job Title: _____ Location: _____

Telephone #: _____

Yes No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Are you allergic to eggs? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a serious reaction to a flu shot? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had Guillain-Barre Syndrome? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you sick with a fever? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you sensitive to thimerosal? (a preservative) |

I have read, or had explained to me, the information sheet about the Influenza Vaccine (Flu Shot). I have had a chance to ask questions which were answered to my satisfaction, and I understand the benefits and risks of the vaccination as described. I request that the Influenza Vaccine be given to me.

The flu vaccine is recommended for any woman who will be breastfeeding or will be pregnant during the influenza season. Vaccination can occur during any trimester.

Employee Signature

Date

Witness Signature

Date

FOR CLINIC USE

Clinic Site: _____ Date: _____

Injection Site: Left arm _____ Right arm _____

Manufacturer & Lot Number: _____