

**CONNECTICUT VALLEY HOSPITAL
SEASONAL INFLUENZA VACCINATION
CONSENT FORM**

Employee Name: _____

Employee#: _____

Job Title: _____

Work phone _____

Building and Unit Assignment: _____

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 Seasonal 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 this vaccine be given to me. This vaccine is strongly 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: _____

**CONNECTICUT VALLEY HOSPITAL
SEASONAL INFLUENZA VACCINATION
DECLINATION FORM**

Employee Name: _____

Employee#: _____

Job Title: _____

Work Phone #: _____

Building and Unit Assignment Location _____

I understand that due to a potential exposure to infectious materials while working in a healthcare facility, I may be at risk of acquiring Seasonal Influenza infection (the Flu). Connecticut Valley Hospital, the Advisory Committee on Immunization Practices, the Centers for Disease Control and Prevention, and the State of Connecticut Department of Public Health strongly recommend the Influenza vaccine. Despite this information, I am declining the vaccine at this time. I understand that by declining this vaccine, I continue to be at risk of:

- **Getting Seasonal Influenza, a serious disease**
- **Getting seriously ill from the Influenza virus**
- **Spreading the disease to others who could become ill, be hospitalized or die as a result**

If, in the future, during Influenza season I want to be vaccinated with the Influenza Vaccine, I can receive the vaccination at no charge to myself.

Reason for declining vaccine: (Check all that apply)

☐ I have already received the vaccine this season from another source
Source: _____

☐ I am allergic to eggs

☐ I had a serious reaction to a flu shot

☐ I have had Guillain-Barre Syndrome

☐ I am sensitive to thimerosal

☐ Other _____

Employee Signature

Date