

**UAB Medicine**  
**Employee Health Services**  
**Seasonal Influenza Vaccine Consent/Attestation 2018-2019**

**FILL OUT ALL SECTIONS COMPLETELY-Data is required for CMS influenza vaccination reporting for all hospital staff**

Date: \_\_\_\_\_ Print **Legal** Name: \_\_\_\_\_  
FIRST M.I. LAST

Blazer ID **OR** Last 4 SS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Contact #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Check the description that best describes your role:**

- Hospital Employee (includes GME Residents, Fellow, UAB/UAB LLC & Health System employees working in the Hospital)  
 PSYCH  SRC
- Student:  SOM  SOD  Nursing  Pharmacy  Volunteer  Student from Non UAB Institution \_\_\_\_\_
- UAHSF (**NON-TKC**) (NOT MD/Post-Doc. Fellow/APN/SAs, PAs)
- TKC (UAHSF)  TKC (UAB)
- Licensed Independent Practitioner: (Non-Hospital Employees) Includes: Attendings/Post Doc. Fellows/APPs, SAs, PAs)  
 PSYCH  SRC
- Health System (Non-Hospital)
- Contract:  Registry/Agency Employee (NOT APP)  Contract EVS  Contract Maintenance  Other(Need Full SS#)
- Other category not listed: \_\_\_\_\_

I received my flu vaccine at another location and have attached proof of vaccination

I am receiving a flu vaccine today – complete the Vaccination Health Screening Questionnaire

**Please Circle Your Response:**

- |  |     |    |
|--|-----|----|
| 1. Have you ever had a severe allergic reaction (e.g. anaphylaxis) after a vaccine or to a vaccine containing egg protein? | Yes | No |
| 2. Do you have difficulty eating foods containing eggs?  | Yes | No |
| 3. Do you have a history of Guillian-Barré syndrome within 6 weeks after a previous influenza vaccine?                     | Yes | No |
| 4. Do you currently have a fever?  | Yes | No |
| 5. Is this your first time receiving an influenza vaccine?   | Yes | No |
| 6. I consent to receive the influenza vaccine. I authorize the designated hospital staff to administer the vaccine.        | Yes |    |

I hereby certify that the above history is true and complete to the best of my knowledge. A serious egg allergy is no longer a reason for declination as an egg free vaccine will be made available. I also acknowledge if one can eat eggs, one can receive this vaccine.

**This vaccine contains: A/Michigan/45/2015 (H1N1) pdm09-like virus; A/Singapore/INF1MH-16-0019/2016 (H3N2)-like virus; B/Colorado/06/2017-like virus (Victoria lineage; & a B/Phuket/3073/2013-like virus (Yamagata/lineage)**

I have read the above and have been offered the Vaccine Information Statement 2018-2019

**Signature :** \_\_\_\_\_

For Office Use Only			
Injection Site: Deltoid:    Right                  Left                  Other site:		Vaccine sticker: <i>If Sticker Unavailable:</i>	
Administered by:		Lot Number:	Expiration date:
<input type="checkbox"/> Scanned Into System		<input type="checkbox"/> TKC Flu Clinic <input type="checkbox"/> Highlands Flu Clinic <input type="checkbox"/> Nursing Unit	