

**Consent/ Declination Form: 2015-2016 QUADRIVALENT INACTIVATED INFLUENZA VACCINE**

A/California/7/2009 (H1N1)  
A/Switzerland/9715293/2013 (H3N2)  
B/Phuket/3073/2013-like virus.  
B/Brisbane/60/2008

The UAB Medicine has recommended that I receive influenza vaccination in order to protect 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 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.
- 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 influenza disease from influenza vaccine.
- The consequences of my refusing to be vaccinated could endanger my health and the health of my patients, coworkers, and family.

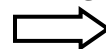
Despite these facts, I choose to decline influenza vaccination at this time. Below please check your reason for declining the influenza vaccine.

- **Serious egg allergy is no longer a reason for declination as an egg free vaccine will be made available**

**(THIS IS NOT A LIVE VIRUS VACCINE SO IT CANNOT CAUSE THE FLU)**

Yes	No	Medical Contraindications
<input type="checkbox"/>	<input type="checkbox"/>	1. Severe allergic reaction (e.g. anaphylaxis) after a previous vaccine dose or to a vaccine component, including egg protein; OR
<input type="checkbox"/>	<input type="checkbox"/>	2. History of Guillain - Barre' syndrome within 6 weeks after a previous influenza vaccination.
<b>Vaccination Status of HCW: Check all that applies.</b>		
<input type="checkbox"/>	I consent to receive the Influenza vaccine. I authorize designated staff of the hospital to administer the vaccine.	
<input type="checkbox"/>	I am not able to receive the vaccination due to contraindication (s) above.	
<input type="checkbox"/>	I decline the influenza vaccine due to personal reasons If declined for personal reasons, check all that apply:  ___ Fear of needles/injections ___ Fear of side effects ___ Perceived ineffectiveness of vaccine ___ Religious or philosophical objections ___ Concern for transmitting vaccine virus to contacts ___ Other (Specify): _____	
<input type="checkbox"/>	I have already had my influenza vaccination this year.  Date vaccinated: _____ Location: _____	
<input type="checkbox"/>	This is the first influenza vaccination I have ever taken.	

**\*\*Please Complete the Information on the Back of This Page\*\***



<b>Last Name</b> (As It Appears In Oracle)	<b>First Name</b> (As It Appears In Oracle)	<b>MI</b>	<b>Signature</b>
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**Please Check One:**