

INFLUENZA IMMUNIZATION INFORMED CONSENT - EMPLOYEE

Influenza is a contagious respiratory illness caused by flu viruses spread mainly by coughing, sneezing and close contact. The illness can be mild to severe, and at times can lead to death. This acute disease comes on suddenly, with self-limiting symptoms (resembling a severe "common cold") within 2-7 days of onset. Each year thousands of people in the U.S. die from the flu and many more are hospitalized. CDC recommends influenza vaccination for all healthcare personnel to reduce the spread of influenza, especially to vulnerable populations. Persons 65 years and older account for 80% of deaths. 50% of hospitalizations are persons younger than 65 years old. Vaccination is the most effective step you can take to be protected from influenza. In June 2023, the ACIP (Advisory Committee on Immunization Practices) along with CDC voted to recommend that individuals with egg-allergy may receive any flu vaccine that is appropriate to their age and health status. Additional safety measures are no longer needed for flu vaccination beyond those recommended for any vaccine. Please consult your physician/healthcare provider if you have questions or concerns.

HIGH RISK FOR COMPLICATIONS FROM INFLUENZA

- **Children: 6 months of age and older (no contraindications)**
- **Pregnant women**
- **Adults: 65 years and older**
- **Residents of nursing homes and other elderly community living sites**
- **American Indian and Alaskan Native populations**
- **Respiratory:** Asthma, COPD, Cystic Fibrosis
- **Cardiac:** Congenital Heart Disease, CHF, Coronary Artery Disease
- **Endocrine:** Diabetes, Extreme Obesity (BMI ≥ 40)
- **Renal:** Kidney Failure
- **Increased risk for severe illness from COVID-19**
- **Metabolic:** Inherited and Mitochondrial
- **Blood:** Sickle Cell Disease
- **Liver Disorders**
- **Weakened Immune System:** HIV, AIDS, Cancer, Chronic Steroid Usage, Organ Transplant

CLINICAL INFLUENZA SYMPTOMS

- Chills/sweats
- Muscle/body aches
- Headache
- Fatigue (tiredness)
- Dry, persistent cough
- Sore throat
- Runny or stuffy nose
- Fever over 100°F

POSSIBLE VACCINE SIDE EFFECTS

Mild: Usually short term, 1-2 days

- Soreness, redness or swelling at injection site
- Headache
- Hoarseness; sore, red or itchy eyes
- Fever
- Aches
- Itching
- Fatigue
- Cough

Severe: Allergic reaction is possible, but very rare

People who are moderately or severely ill should wait until they are recovered before getting the vaccine.

VACCINE INFORMATION STATEMENT (VIS) PROVIDED TO EMPLOYEE

Inactivated Influenza VIS Available at: www.cdc.gov/vaccines/hcp/vis/vis-statements/flu.pdf

Vaccine Type Administered: ☐ Quadrivalent

- ☐ I have received the information about influenza and have been educated on the benefits and risks associated with the influenza vaccine. I hereby give permission and request the vaccine be administered to me.

Employee Signature

Date Signed

Witness Signature/Title

Date Signed

REASON FOR VACCINE DECLINE (Medical or Personal Reasons)

- ☐ I have already received this season's vaccine outside the facility. Date received _____ Location _____
- ☐ I have received the information about influenza and have been educated on the benefits and risks associated with the influenza vaccine. I hereby **decline** my permission to receive the vaccine for the following reason(s):

A. Medical Contraindication(s): Check all that apply

- ☐ Previous Hx of severe reaction to influenza vaccine
- ☐ Allergy to thimerisol (preservative in vaccines) or any vaccine component
- ☐ History of Guillain-Barré Syndrome
- ☐ Febrile illness at this time (Temp $> 101.5^{\circ}$ F or 38.6° C)
- ☐ Other medical conditions, specify: _____

B. Personal Reason(s): Check all that apply

- ☐ Perceived vaccine ineffectiveness
- ☐ Fear of needles/injections
- ☐ Perceived vaccine will "give me the flu"
- ☐ Fear of side effects
- ☐ Other personal reasons, specify: _____

Employee Signature

Date Signed

Witness Signature/Title

Date Signed