Stanford | Environmental Health & Safety

Occupational Health Services

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2015-2016 Seasonal Flu Vaccination Consent

Please print clearly							
Last Name	First Name	мі	SLAC ID# (6 digits) OR SU/Student ID# (8-9 digits)	Date of Birth (mm/dd/yyyy)			
🗌 I have an SHC/LPCH Badge 🔲 I have a Blood Center Badge 🔲 I am a physician in the School of Medicine							

Please check the box which best describes you:

Primary University Affiliate	Spouse/Domestic Partner (*= \$32 charge)		
Stanford University Faculty / Staff / Employee	of Stanford University Faculty / Staff / Employee*		
SLAC Employee	of SLAC Employee*		
Part-time Casual or Temporary Employee	of Part-time Casual or Temporary Employee*		
Postdoctoral Scholar / Fellow	of Postdoctoral Scholar / Fellow*		
Undergraduate Student	of Undergraduate Student (no charge)		
Graduate Student	of Graduate Student (no charge)		
Medical Student	of Medical Student (no charge)		
Retiree	of Retiree*		

Please mark YES or NO for each answer.	YES	NO
1. Are you allergic to eggs?		
2. Have you had a serious (life-threatening) reaction to influenza vaccine in the past?		
3. Have you had a serious (life-threatening) reaction to hydrocortisone ¹ or gentamicin ^{1 (antibiotic)} ?		
4. Do you have a history of Guillain-Barré Syndrome (causing temporary paralysis)?		
5. Are you ill today with a moderate to severe illness (with fever)?		

If you answered "Yes" to questions 1-4, vaccine may be contraindicated. Speak to your personal physician. *If you answered "Yes" to question 5, you should postpone vaccination until you are feeling better.*

Patient Consent

I have read the <u>Vaccine Information Sheet</u> (VIS) about the influenza vaccine. I have had an opportunity to ask questions which were answered to my satisfaction. I believe I understand the benefits and risk of the influenza vaccine and request that it be given to me.

Today's Date

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FOR ADMINISTRATIVE USE ONLY							
C	VIS Date	Date of Vaccination	Dose and Route 0.5 ml IM		Vaccine Manufacturer	Lot Number	Expiration Date
Seasonal Influenza					Fluzone Quad (Sanofi)	UI482AA	6/30/2016
Vaccine	8/7/2015		□ Left □ Rig	🛛 Right	Fluzone Quad (Sanofi)		6/30/2016
		Deltoid	Deltoid	□ Fluarix ¹ Quad (GSK)	4LX29	6/30/2016	
					□ Fluarix ¹ Quad (GSK)		6/30/2016
Vaccine Administrator (circle one) MD RN NP PA MA MS PCAP-S Student		S.Aguilar P. Fast	N.Iniguez C. Dekker		E.Davis M.DeAngelis	R.Wittman	
		M.Curry D.Hong N.Marlow N.Masunaga Y.Rodrigues T Garcia S Rohlfes C.Sutorius Other:					
			Signature	:			

Signature of person receiving the vaccine