



<p>Check ONE of the boxes</p> <input type="checkbox"/> Nuvance Health Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Volunteer/Clergy <input type="checkbox"/> Student <input type="checkbox"/> Community Medical Staff

PLEASE PRINT: Compliance cannot be guaranteed, if this form is illegible

NAME: _____	DOB: _____
CLOCK NUMBER: _____	Dept: _____

INFLUENZA CONSENT SECTION:

I am eligible because: (Check all that apply)

- I am not allergic to eggs, or sensitive to thimerosal (preservative) or gelatin.
- I do not have a fever. (Delay the shot until the fever is gone).
- I have never had a serious reaction to a flu shot or history of Guillain-Barre Syndrome

I consent to be vaccinated. All of my questions have been satisfactorily answered and I have had a chance to read the Vaccine Information Statement (Published 8/6/2021). I understand that Nuvance Health or any persons acting as their agent are not responsible for any adverse reactions that I may sustain.

Check with your doctor if you have ever had Guillain-Barre Syndrome, before receiving influenza vaccine.

Side effects may include:

- Soreness at the vaccination site, fever, malaise, myalgia, headache.
- Allergic reactions such as redness, swelling, itching at the injection site.
- **Rarely** hives, allergic asthma, and systemic anaphylaxis can occur.

• **Signature of Recipient:** _____ **Date:** _____

<ul style="list-style-type: none"> • Manufacturer: _____ • Lot Number: _____ Expiration: _____ • Site: R/L Deltoid Administrator: _____
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INFLUENZA DECLINATION SECTION

There are three contraindications to receipt of the influenza vaccine

(Check one of the boxes provided, if applicable):

1. Hypersensitivity to egg protein (eggs or egg products) or to any component of the product
2. Hypersensitivity to gentamicin (Fluarix)
3. Life-threatening reaction or Guillain-Barre after previous administration of any influenza vaccine
4. Other: _____

Please complete area below if you do not have one of the contraindications above.

I understand that all experts on influenza recommend vaccination for every healthcare worker unless there are medical contraindications as noted. _____

Sign here only if declining: _____ **Date:** _____

PLEASE, MAKE SURE THAT YOU HAVE PRINTED YOUR NAME AT THE TOP OF THE FORM.

Nuvance Health **East** employees, send completed forms to: NuvanceHealthVaccineRecordCT@nuvancehealth.org

Nuvance Health **West** employees, send completed forms to: NuvanceHealthVaccineRecordNY@nuvancehealth.org

If you are vaccinated in a location other than a clinic, your vaccinator is responsible for sending this form to EHS, in order to record your compliance. If your name is listed as non-compliant, on a flu vaccination compliance report, either this form was not legible or not sent to EHS, by your vaccinator.