



Partners in Comprehensive Care

INFLUENZA VACCINE ACCEPTANCE / DECLINATION FORM (2020 Seasonal Flu Vaccine)

The following questions will help us determine if there is any reason we should not give you injectable influenza vaccinations today.

IF YOU ANSWER "YES" TO ANY QUESTION, YOU MAY BE ADVISED TO CONTACT YOUR PRIMARY CARE PROVIDER.

1. Are you feeling sick today?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events. Persons with an acute febrile illness usually should not be vaccinated until their symptoms have improved. Minor illnesses with or without fever do not contraindicate use of influenza vaccine. Do not withhold vaccination if a person is taking antibiotics.			
2. Do you have an allergy to eggs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
Allergic reactions to any vaccine component can occur. The majority of reactions probably are caused by residual egg protein. Although current influenza vaccines contain only a limited quantity of egg protein, this protein can induce immediate allergic reactions among persons who have severe egg allergy. If a person can eat eggs, they can receive an influenza vaccine. However, a person who has experienced an anaphylactic reaction (e.g., hives, swelling of the lips or tongue, acute respiratory distress, or collapse) after eating eggs should be referred to their primary care provider for appropriate evaluation to help determine if a flu vaccine should be administered. Persons who have documented immunoglobulin E (IgE)-mediated hypersensitivity to eggs, including those who have had occupational asthma or other allergic responses to egg protein, might also be at increased risk for allergic reactions to influenza vaccine and referred to their primary care provider. Protocols have been published for safely administering influenza vaccine to persons with egg allergies.			
3. Have you ever had a serious reaction to an influenza (injectable or intranasal) vaccine in the past?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
If a person reports a serious reaction to a previous dose of influenza vaccine they should be asked to describe their symptoms. Immediate, presumably allergic, reactions are usually a contraindication to further vaccination against influenza, fever, malaise, myalgia, and other systemic symptoms most often affect persons who are first-time vaccines. These mild-to-moderate local reactions are not a contra-indication to future vaccination.			
4. Have you ever had Guillain-Barré syndrome?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
It is prudent to avoid vaccinating persons who are not at high risk for severe influenza complications but who are known to have developed Guillain-Barré syndrome (GBS) within 6 weeks after receiving a previous influenza vaccination should be referred to their primary care provider.			

- I AUTHORIZE AND CONSENT** to receive the 2020 inactivated flu vaccine.
- I DECLINE** to receive the 2020 inactivated flu vaccine, and:
 - Have provided sufficient documentation from my healthcare provider to obtain a medical exemption.
 - Will not provide sufficient documentation from my healthcare provider to obtain a medical exemption.

THIS FORM DOES NOT ESTABLISHES A RELATIONSHIP BETWEEN EPIC CARE AND EMPLOYEE / PROVIDER UNLESS ONE EXISTED PRIOR TO THIS CONSENT.

EMPLOYEE NAME	SIGNATURE	EMPLOYEE TITLE	DATE
VACCINE LOT #	GIVEN BY (PRINT NAME)	EMPLOYEE TITLE	DATE