

## Influenza Vaccine Consent Form

Vaccination of healthcare personnel for Influenza has many benefits including reduced transmission to patients and other staff members, as well as reduced healthcare personnel absenteeism and healthcare costs. The CDC specifically recommends annual Influenza vaccination of healthcare personnel.

- I have read the CDC's Vaccine Information Statement on Inactivated or Live, Intranasal Influenza Vaccine, understand its' contents and have been given an opportunity to ask questions about the vaccine.
- I release my employer and persons administering the vaccine from any liability in the administration of this vaccine and hereby give my informed consent.

\_\_\_\_\_  
Employee Name (please print)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Manufacturer, Lot # and Expiration Date

Type of Vaccine:

Inactivated

\_\_\_\_\_  
Site of Injection

Intradermal

\_\_\_\_\_  
Site of Injection

Live Intranasal

\_\_\_\_\_  
Nurse Signature

Vaccine Information Statement Provided

## Influenza Vaccine Declination Statement

Under Centers for Disease Control and Prevention (CDC) and OSHA recommendations for offering the influenza vaccination, the following statement must be presented and signed when an employee declines the vaccination. A copy of this form must be maintained in the employee's medical record and a copy provided to him/her for his/her personal record keeping.

I understand that due to my work in a healthcare setting, I may be at risk of acquiring influenza virus infection. I have been given the opportunity to be vaccinated with the influenza vaccine at no charge to myself. However, I decline influenza vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring influenza. If, in the future, I continue to have occupational exposure to influenza and I want to be vaccinated with influenza vaccine, I can receive the vaccination at no charge to me.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature