GENESIS Occupational Health

INFLUENZA VACCINE ADMINISTRATION CONSENT

PLEASE PRINT

_____ _____ / _____ / _____

Last Name First Name Date of Birth

_____

Address City State Zip

Sex: M or F _____ _____

Primary Phone Number Employer

Complete the following questions by circling the answer that applies:

1. Are you over 18 years of age? Yes No
2. Have you had an allergic reaction after a previous dose of influenza vaccine? Yes No
3. Are you pregnant? Yes No **If Yes, you need authorization from your doctor or OBGYN**
4. Are you allergic to eggs, latex, thimerosal, gentamicin, or other aminoglycosides? Yes No
5. Do you have an active neurologic disorder (i.e. Guillain-Barré Syndrome)? Yes No
6. Do you have a fever, acute respiratory infection or active illness? Yes No
7. Have you had a bone marrow transplant within the last 6 months? Yes No

"I have been provided a copy of the appropriate Centers for Disease Control Influenza Vaccine Information Statement VIS 8/6/21. I have read, or had explained to me, information about the disease and the vaccine, expected vaccine reactions and reaction comfort measures. I have had an opportunity to ask questions that were answered to my satisfaction about the disease and vaccine. I believe I understand the benefits and risks of the influenza vaccine, and ask that the vaccine be given to me."

_____

Signature of person to receive vaccine Date

Injection given by: _____ VIS Provided/Administration Date:_____

Vaccine Expiration: _____ Vaccine Lot #: _____

Site of Injection: R L Deltoid Dosage: 0.5ML

GOH – Bettendorf
4487 53rd Ave.
Bettendorf, IA 52722
(563) 421-0640

GOH – Davenport
1520 W 53rd St.
Davenport, IA 52806
(563) 421-0660

GOH – Moline
2526 41st St.
Moline, IL 61265
(309) 281-2700

Clinton (MercyOne)
915 13th Ave. N.
Clinton, IA 52732
(563) 244-5742