



2016-17 Seasonal Influenza Employee Consent for Immunization

Personal Information

Last Name: _____ First Name: _____

Birth date: (yyyy/mm/dd) _____ Home Facility of work: _____

Employee #: _____

Age group: <18 years 18-64 years 65 years & older

Note: If your date of birth is between 1951/Jan/01-1952/Mar/31, you may qualify for a pneumococcal vaccine. Please ask the nurse.

Note: The names of immunized employees will be provided in confidence to the employee's department head in order to determine fitness for work and direct workplace and outbreak processes.

For Completion by Nurse Only:

Clinic Location: _____ Date: (yyyy/mm/dd) _____

Influenza Vaccine

Fluzone (QIV) Lot # _____ 0.5 ml

FluLaval Tetra Lot # _____ 0.5 ml

Site:

RA

LA

Nurse's Initials: _____

Entered on Spreadsheet

Entered on iHRIS

Follow Up Required/Nurse Comments: Client phone # _____: