STATE OF ARIZONA—**EMPLOYEE FLU AND PNEUMONIA CONSENT 2012**

I have read or have had explained to me the information about the influenza (flu) and/or pneumonia vaccines (check appropriate vaccination(s) to receive below). I have had a chance to ask questions which were answered to my satisfaction. I understand that I should not receive either vaccine if I: **(1) have ever had a serious allergic reaction to eggs or to either vaccine; (2) have a fever, acute respiratory or other active infection or illness; (3) have a history of Guillain-Barre Syndrome (a severe, paralytic illness)**. 2012–2013 Trivalent vaccine virus strains are: A/California/7/2009 (H1N1) pdm09-like virus; A/Victoria/361/2011 (H3N2)-like virus & B/Wisconsin/1/2010-like virus (from the B/Yamagata lineage of viruses). The flu vaccine cannot cause the flu because it uses dead viruses. As with any vaccine, flu vaccine may not protect 100% of all susceptible individuals. Most people have no side effects from recent flu shots. About half of those receiving the pneumonia shot have very mild side effects, such as redness and pain at the injection site. Both vaccines (flu and pneumonia) can be given at the same time without increasing side effects. Serious side effects, such as severe allergic reactions, have rarely been reported for either vaccine. I understand the benefits and risks of the vaccine(s) and request that the vaccine(s) be given to me or to the person named below for whom I am authorized to make this request. Healthwaves practices in accordance with the HIPAA regulations as pertains to privacy practices and patient confidentiality regarding protected health information.

X _____

SIGNATURE DATE

NOTE: For minors under 18 please include home address information on the back.

INFORMATION ON PERSON TO RECEIVE VACCINE (PLEASE PRINT)

NAME—LAST, FIRST, MIDDLE INITIAL	EIN or SSN	DATE OF BIRTH	AGE	SEX (M/F)

CURRENT HEALTH INSURANCE CARRIER	NAME OF PRIMARY INSURED
☐ Aetna ☐ AmeriBen/BCBS of AZ ☐ CIGNA ☐ United Health Care ☐ Other: _____	

YOUR STATE AGENCY	DAYTIME PHONE	
	( )	☐ Spouse ☐ Dependent or ☐ Other:

WORK ADDRESS—STATE AGENCY	CITY	STATE	ZIP

SELECT VACCINE(S)

Healthwaves provides flu shots to children 4 years and older with legal guardian's signature.

☐ **Flu $30** CDC Info. Sheet ☐ **Pneumonia $75** CDC Info. Sheet

Flu shot FREE to State Employees. Flu shot also FREE to dependents, spouses, and retirees with a Benefit Options insurance card. Pneumonia shot cost is $75 for ALL participants.

HEALTHWAVES PERSONNEL ONLY

LOCATION	FLU SHOT		PNEUMONIA SHOT		AMOUNT PAID		INITIALS
	RN	ARM	RN	ARM	$	☐ CASH ☐ CHECK #	

07.12

For minors under 18 please fill information bellow.

HOME ADDRESS	CITY	STATE	ZIP