

# STATE OF ARIZONA—EMPLOYEE FLU CONSENT 2013

I have read or have had explained to me the information about the influenza (flu) vaccine. I have had a chance to ask questions which were answered to my satisfaction. I understand that I should not receive the 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).**

2013–2014 TRIVALENT VACCINE VIRUS STRAINS ARE: an A/CALIFORNIA/7/2009 (H1N1)PDM09-LIKE VIRUS; an A(H3N2) VIRUS ANTIGENICALLY LIKE THE CELL-PROPAGATED PROTOTYPE VIRUS A/VICTORIA/361/2011 & a B/MASSACHUSETTS/2/2012-LIKE VIRUS. 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. Serious side effects, such as severe allergic reactions, have rarely been reported for the flu vaccine. I understand the benefits and risks of the vaccine and request that the vaccine 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

**For minors under 18 please fill information bellow.**

HOME ADDRESS	CITY	STATE	ZIP
--------------	------	-------	-----

## INFORMATION ON PERSON TO RECEIVE VACCINE (PLEASE PRINT)

NAME—LAST, FIRST, MIDDLE INITIAL	EIN or SSN	DATE OF BIRTH <b>MM/DD/YY</b>	AGE	SEX (M/F)
CURRENT HEALTH INSURANCE CARRIER <input type="checkbox"/> Aetna <input type="checkbox"/> AmeriBen/BCBS of AZ <input type="checkbox"/> CIGNA <input type="checkbox"/> United Health Care		Other: _____		NAME OF PRIMARY INSURED
YOUR STATE AGENCY	DAYTIME PHONE (     )	<input type="checkbox"/> Spouse <input type="checkbox"/> Dependent or <input type="checkbox"/> Other: _____		
WORK ADDRESS—STATE AGENCY	CITY	STATE	ZIP	

## SELECT VACCINE (✓)

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

**Flu \$30** CDC Info. Sheet 7/26/13

*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 \$90 for ALL participants.*

## HEALTHWAVES PERSONNEL ONLY

LOCATION	FLU SHOT		AMOUNT PAID	INITIALS
	RN	ARM	\$ _____ <input type="checkbox"/> CASH    # _____ <input type="checkbox"/> CHECK	