

# STATE OF ARIZONA—EMPLOYEE FLU CONSENT 2014

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).**

2014–2015 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 receiving the flu shot. 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 MM/DD/YY

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

NAME — LAST, FIRST, MIDDLE INITIAL		DATE OF BIRTH <b>MM/DD/YY</b>	AGE	SEX (M/F)
MAILING ADDRESS ( <b>NEEDED FOR 18 AND UNDER ONLY</b> )		<input type="radio"/> Employee	<input type="radio"/> Spouse	<input type="radio"/> Dependent
<input type="radio"/> Retired	CITY	STATE	ZIP	PHONE

## STATE EMPLOYEE INFORMATION (PLEASE PRINT)

NAME—LAST, FIRST, MIDDLE INITIAL	EIN (EMPLOYEE IDENTIFICATION NUMBER)
BENEFIT OPTIONS INSURANCE CARRIER	
<input type="checkbox"/> Aetna <input type="checkbox"/> AmeriBen/BlueCross BlueShield of AZ <input type="checkbox"/> CIGNA <input type="checkbox"/> United Health Care <input type="checkbox"/> Other: _____	
YOUR STATE AGENCY   CITY	PHONE (     )

## SELECT VACCINE (✓)

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

**Flu** CDC Info. Sheet 2014

*Flu shot FREE to State Employees. Flu shot also FREE to dependents, spouses, and retirees with a Benefit Options insurance card.*

## HEALTHWAVES PERSONNEL ONLY

LOCATION	FLU SHOT		INITIALS
	RN	ARM	