PATIENT ACKNOWLEDGEMENT FOR INFLUENZA VACCINATION

FOH recommends for the 2007-08 influenza season that all individuals in the target groups listed below be immunized against influenza. Additionally, any person who wishes to reduce the likelihood of becoming ill with influenza or transmitting influenza should consider vaccination. This year the national vaccination efforts are structured to immunize as many persons as possible between Oct-Feb. While seasonal influenza activity can begin as early as October it does not peak in the U.S. until January or later. Vaccination should be considered throughout the entire Oct-Feb influenza season.

Acceptance and receipt of the influenza vaccine is acknowledgement that you received verbal or written information regarding the influenza vaccine and any questions were answered to your satisfaction. The information you provide to complete this form indicates you understand the benefits and the risks of the influenza vaccine and are requesting the vaccine.

Employee Information (Please Print)

Name: _____ Date: _____
(Last) (First) (MI)

Social Security Number (Last 4): _____ Date of Birth: _____

Address: _____ _____ _____ _____
(Street) (City) (State) (Zip)

Agency: _____

Allergies: Drugs _____
Foods _____

Medications: _____
_____
_____

Adult Groups Targeted for Vaccination

- ≥ 50 years old
- Women pregnant during flu season
- Chronic heart disease
- Metabolic (diabetes)
- Asthma/Emphysema
- Kidney failure / Dysfunction
- Blood diseases
- Immunosuppression
- Conditions that compromised respiration (seizures, neuromuscular)
- Caregivers of any of the above or infants < 6 months

PRIVACY ACT NOTICE

The information obtained in the completing this form is used to assist Federal Occupational Health in carrying out its responsibilities under one or more interagency agreements with your employing agency. The collection and use of this information is consistent with the provisions of 5 USC 552a, 5 USC 7901, and Public Law 103-356.

The information will become part of your official Employee Medical File, and is to be used only for official purposes as explained and published annually in the Federal Register under OPM/GOVT-10 (the OPM system of records). Your submission of this information is **voluntary**. If you do not wish to provide the information, you are not required to do so. However, your agency work assignments and/or personnel action may depend on the availability of complete and current occupational health records.

For FOH Clinic Use Only

Influenza Vaccine Record

SiteCode:
OHC Stamp

FOH Site: A7E

Vaccine: Influenza Vaccine

Date: _____

Lot # 81270 Exp. Date: 6/30/08

RN Name: _____
(Printed)

Manufacturer: Novartis Dose: 0.5cc

RN Signature: _____

Site: ☐ L. Deltoid ☐ R. Deltoid ☐ Other _____