Healthwaves 44™
Corporate Wellness Team

UNIVERSITY OF ARIZONA—**EMPLOYEE FLU CONSENT 2026**

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 the 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)**.

The **2026–2027 Trivalent** vaccine virus strains are: an **A/Missouri/11/2025 (H1N1)pdm09-like virus;** an **A/Darwin/1454/2025 (H3N2)-like virus**; and a **B/Tokyo/EIS13-175/2025 (B/Victoria lineage)-like virus.** The flu vaccine cannot cause the flu because it uses dead viruses. Both, the **standard flu and high dose flu** vaccine (age 65+) are **preservative free.** 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 it pertains to privacy practices and patient confidentiality regarding protected health information.

UPDATED 08/2026

X _____ TODAY'S DATE: / /

Signature MM/DD/YY

INFORMATION ON PERSON TO RECEIVE VACCINE (PLEASE PRINT)

NAME — LAST, FIRST, MIDDLE INITIAL		DATE OF BIRTH **MM/DD/YY**	AGE	SEX AT BIRTH
MAILING ADDRESS **(NEEDED FOR 18 AND UNDER ONLY)**		○ Employee ○ Spouse ○ Dependent ○ Retired		
CITY	STATE	ZIP	PHONE	

STATE EMPLOYEE INFORMATION (PLEASE PRINT)

NAME—LAST, FIRST, MIDDLE INITIAL	ALTERNATE EMPLOYEE ID (ALTERNATE IDENTIFICATION NUMBER)
BENEFIT OPTIONS INSURANCE CARRIER ☐ Blue Cross Blue Shield of Arizona ☐ UnitedHealthcare ☐ Other: _____	
YOUR STATE AGENCY I CITY	PHONE

SELECT VACCINE (√)

☐ **FLUZONE FLU SHOT**
☐ **HIGH DOSE** (Age 65 and older only)
CDC Information Sheet 01/31/25

Flu shot FREE to State employees, spouses, dependents and retirees. Both Flu Vaccines are Preservative Free.

HEALTHWAVES PERSONNEL ONLY

UARIZONA LOCATION	FLU SHOT		INITIALS
	RN	ARM	