

UNIVERSITY OF ARIZONA—EMPLOYEE FLU CONSENT 2021

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 2021–2022 Quadrivalent vaccine virus strains are: an A/Victoria/2570/2019 (H1N1)pdm09-like virus an A/Cambodia/e0826360/2020 (H3N2)-like virus a B/Washington/02/2019-like virus (B/Victoria lineage) a B/Phuket/3073/2013-like virus (Yamagata lineage).

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 it pertains to privacy practices and patient confidentiality regarding protected health information.

UPDATED 07/2021

 **Signature**

TODAY'S DATE: / /

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 17 AND UNDER ONLY)		<input type="radio"/> Employee	<input type="radio"/> Spouse	<input type="radio"/> Dependent
CITY		STATE	ZIP	PHONE
		<input type="radio"/> Retired		

STATE EMPLOYEE INFORMATION (PLEASE PRINT)

NAME—LAST, FIRST, MIDDLE INITIAL	ALTERNATE EMPLOYEE ID (ALTERNATE IDENTIFICATION NUMBER)
BENEFIT OPTIONS INSURANCE CARRIER	
<input type="checkbox"/> Blue Cross Blue Shield of Arizona <input type="checkbox"/> UnitedHealthcare <input type="checkbox"/> Other: _____	
YOUR STATE AGENCY CITY	PHONE

SELECT VACCINE (✓)

- Quadrivalent Flu**
CDC Info. Sheet 08/15/19

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	