

VACCINE SCREENING QUESTIONNAIRE AND CONSENT FOR INFLUENZA VACCINE

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Name*(Last, First, M.I.):	Work Location:					
Employee ID*:	DOB*:					
If you do not have an employee ID, please indicate your status: Volunteer/Student Contractor						
☐ Non-Employed Provider ☐ New Hire						
CONSENT FOR FLU VACCINE						
PLEASE ANSWER ALL QUESTIONS TO THE BEST OF YOUR KNOWLEDGE						
Are you currently sick with a fever greater than 100 degrees Fahrenheit?				Yes		No
Have you ever had a severe allergic (hypersensitivity) reaction to an ingredient of the vaccine?				Yes		No
Have you ever felt dizzy or faint before, during, or after a shot?				Yes		No
Have you ever had a serious reaction after receiving the influenza vaccine?				Yes		No
Have you ever had Guillain-Barre Syndrome (GBS)?				Yes		No
Vaccine Consent						
I have read, or have had explained to me, the information on the Vaccine Information Sheet (VIS), dated 8/6/2021, regarding influenza and the influenza vaccine. I have had the opportunity to ask questions, which were answered to my satisfaction. I understand the risks and benefits of the influenza vaccine. I agree to have my immunization record uploaded to the Michigan Care Improvement Registry (MCIR), sponsored by the Michigan Department of Community Health. I grant McLaren Healthcare access to my personal MCIR record to confirm my vaccine status. I request the influenza vaccine be given to me.				Yes		No
Signature						
Administration Record to be completed by Clinical Staff						
Date vaccine administered:		Lot Number:				
anufacturer: Expiration Date						
() IM () Right Deltoid () Left Deltoid	() Ventrogluteal VIS Edition Date:					
Vaccine Administrator V		VIS Date Given:				