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Patient Label

FLU VACCINATION CONSENT FORM

Bayhealth is offering flu vaccinations this fall. The vaccination has been standardized to the United States Public Health Service requirements for the 2020-2021 influenza season. This year, the flu vaccine is representative of the following strains of influenza: Two Strains of Influenza A (A/Brisbane/02/2018 (H1N1)pdm09-like virus and A/Kansas/14/2017 (H3N2)-like virus) and two strains of Influenza B (B/Colorado/06/2017-like (Victoria lineage) virus and B/Phuket/3073/2013-like (Yamagata lineage) virus). Center for Disease Control and Prevention (CDC) recommends flu vaccinations for all persons age 6 months and older. It is even considered more important for certain individuals (e.g. healthcare workers, persons with morbidities, pregnant individuals, others) to be immunized against influenza each year.

WARNING: This vaccine should not be given to:

- ★ Anyone with a serious hypersensitivity (*allergy*) to eggs or egg products (**egg-free vaccine is available**)
- ★ Anyone with a history of serious hypersensitivity (*allergy*) to latex (**latex-free vaccine is available**)
- ★ Anyone with a severe illness
- ★ Anyone with a history of severe reaction to the flu shot or any other injectable medication in the past
- ★ Anyone with a prior history of Guillain-Barre Syndrome (*a severe paralytic illness*)
- ★ Anyone with a fever of 100.4° or greater should wait to be vaccinated until the fever subsides

Printed name: _____ Date of birth: _____

Please indicate: Employee #: _____ Contractor Volunteer Non Employed Medical Staff

Please indicate which campus you work /volunteer at: Kent General Milford Memorial Both campuses

Do you anticipate working/entering Milford Campus Rehab Care from Oct-March this season? No Yes

Do you anticipate working/entering the Kent Campus Dialysis unit from Oct-March this season? No Yes

I acknowledge that I have received information about influenza and the risks and benefits of the vaccination. I have read all the warnings above; have received a copy of the CDC's Vaccination Information Statement (VIS). I have had the opportunity to ask questions and if asked, my questions have been answered to my satisfaction. I have been advised that if I have any question at all about this vaccination or my ability to receive it, I should not receive the vaccination today, but should first consult with my physician.

ACCEPT - I understand that my signature below indicates that I accept the recommended influenza vaccination.

ALREADY RECEIVED VACCINATION FOR 2020-2021 INFLUENZA SEASON - fax proof and form to (302) 310-8852

DECLINE - I understand that my signature below indicates that I decline the recommended influenza vaccination.

DECLINING FOR MEDICAL REASONS **DECLINING FOR RELIGIOUS REASONS**

I understand that without receiving the influenza vaccine, I may be at risk of acquiring influenza. I have been given the opportunity to be vaccinated with the indicated vaccine, however, **I decline the vaccination at this time.** I understand that by declining this vaccination, I continue to be at risk of acquiring influenza and transmitting it to others. My signature below serves as a declination to receiving the recommended influenza vaccination. **I accept to follow Bayhealth's policy and procedure (#B9806-9807.16) for not having received the vaccination.**

Patient's signature: _____ Date: ____/____/____

Manufacturer: GSK Sanofi Pasteur bioCSL Protein Sciences Seqirus CSL Behring

Expiration date: ____/____/____ Lot number: _____

Brand: _____ Flucelvax (egg/latex free) Afluria (latex free) Flublok (egg free)

Injection site: Right deltoid Left deltoid Administered 2020-2021 sticker on badge: Yes No

Administered by: _____ Date: ____/____/____ Time: _____

Occupational Health mail code: #3050

Form No. PX1308 (8/2020)

Occupational Health

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