

NEW YORK STATE VETERANS HOME
Influenza Vaccine Consent/Declination form
2022-2023

The possibility of spreading flu to the residents of the Home can be reduced by vaccinating staff members whether they are in a susceptible group or not. Protection from flu begins in one to two weeks after the shot and continues for most of the winter. Last year's flu shot does not give significant protection this year, so it is important to be re-immunized with the strains anticipated for this season. This form coincides with Article 21-A of the New York Public Health Law, as related to employees of long-term care facilities and their immunization against the Influenza Virus.

I have read or had explained to me the information sheet about Influenza Vaccination. I have had a chance to ask questions which were answered to my satisfaction and I understand the benefits and risks of the vaccination as described.

- ☐ I agree to receive the Influenza Vaccine.
- ☐ I decline to be immunized with influenza vaccine. I acknowledge that failure to be vaccinated increases my risk of acquiring influenza, and potentially resulting in transmission to the residents of the Veterans Home. Reason for declination (*check one*):
- ☐ Refused.
 - ☐ This immunization is medically contraindicated for me.
 - ☐ This immunization is against my religious beliefs.
 - ☐ I received the Flu shot from my own doctor. (*provide documentation*)

Date and Place: _____

- | | | |
|--|------------------------------|-----------------------------|
| 1. Do you have any allergies to eggs? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Are you allergic to "Thimerosal" (mercury-containing preservative)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Have you previously had a flu shot (vaccinations)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Have you ever had a <u>serious</u> reaction to a flu shot? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Have you ever had "Guillain-Barre syndrome"? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. If you are a female, are you pregnant? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Do you have a fever? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

I agree to provide a copy of this immunization to my Primary Care Provider

Signature: _____ Date: _____

Department: _____

Date Vaccine Information Statement for Influenza Given: _____ VIS Edition Date: 8/06/2021

Date Vaccine Administered: _____ Injection Site: Left Arm _____ Right Arm _____

Administered By: _____ Manufacture & Lot Number: _____
Expiration Date: _____
