



The Hartford

INFLUENZA VACCINE INFORMATION, CONSENT & RELEASE FOR INACTIVATED VACCINE ("FLU SHOT")

PLEASE LEAVE THIS FORM WITH A TOTALWELLNESS REPRESENTATIVE. IF YOU LEAVE WITH THIS FORM,
YOU WILL NOT OBTAIN CREDIT FOR RECEIVING A FLU SHOT.

NURSE'S BOX

Event #: _____ Event/VIS Provided Date: _____

Injection Site: ☐ Right Arm ☐ Left Arm ☐ Other: _____

0.5mL of vaccine from: ☐ Multi-Dose Vial ☐ Manufacturer-Filled Syringe

Vaccine Manufacturer: ☐ GSK ☐ Sanofi Pasteur ☐ Seqirus

Lot #: _____

Nurse's Name & Title: _____

Some people should not be vaccinated. Contraindications include severe allergy to eggs (vaccine influenza is grown in hens' eggs) or any other vaccine component (i.e., thimerosal, a mercury-containing organic compound widely used as a preservative in many biological products, including some vaccines and contact lens solutions) and having a moderate or severe illness with fever at time of vaccination (not including minor illness). **Talk to a doctor before vaccination** if you are allergic to eggs or other vaccine components, have ever had an allergic reaction to a flu shot or similar vaccine, or have ever developed Guillain-Barré syndrome, a severe paralytic illness. Maintaining a relationship with a primary care physician with regular visits is an important step you can take to protect your health. The vaccine is not approved for children under six months old and certain brands are only approved for certain ages. Note, if the immune system is compromised by illness at the time of vaccination, the body may not respond as it should to build up antibodies against the flu. **The most common side effect of the flu shot is soreness at the injection site**, which can last up to two days but does not usually affect an individual's ability to perform normal daily activities. However, there are rare cases in which recipients report persistent arm pain. Some people, usually children and others who have not been exposed to the influenza viruses before, may notice "mild" flu-like symptoms, such as fever, malaise, and muscle weakness, after receiving a flu shot. Symptoms usually start six to twelve hours after vaccination and can last up to two days. **Less common side effects include allergic reactions and Guillain-Barré syndrome (GBS).** Life-threatening allergic reactions, which usually occur immediately, are rare but possible in individuals allergic to any vaccine component. The 1976 Swine flu vaccine was associated with an increased incidence of GBS. Since then, the risk is estimated to be very low at 1-2 cases/million vaccinated, which is much less than the risk of getting the flu. **Note that, although very unlikely, should you have a severe allergic reaction to the flu shot, epinephrine may be administered and Emergency Medical Services may be called to the scene.** Also, in the rare event that a needle stick injury occurs, you may be contacted about recommended follow up procedures.

ANSWER THE FOLLOWING QUESTIONS (CIRCLE ANSWERS):

1. Is this your first flu shot?	YES	NO
2. Are you allergic to thimerosal, eggs or egg products?	YES	NO
3. Have you ever had an allergic or other serious reaction to a past flu or other vaccination? If YES, please explain:	YES	NO
4. Do you have any other severe allergies? If YES, please explain:	YES	NO
NOTE: If allergic to latex, inform the nurse and check the vaccine package insert for latex.		
5. If female, are you pregnant? TotalWellness will only administer preservative-free flu shots to pregnant women. Pregnant women should discuss the flu shot with their primary care provider prior to getting a flu shot.	YES	NO
6. Are you currently sick or feverish (not including minor illnesses)?	YES	NO
7. Have you ever had Guillain-Barré Syndrome?	YES	NO
8. Have you had a physical exam in the past 12 months?	YES	NO

I have received and read the Influenza Vaccine Information Statement version dated 08/07/2015 available at <https://www.cdc.gov/vaccines/hcp/vis/vis-statements/flu.pdf> and the TotalWellness Privacy Practices Notice. I have carefully reviewed this form and have had the opportunity to ask questions to my satisfaction prior to consent. I recognize that services may be rendered in an area with limited privacy. If I desire greater privacy I will let my nurse know. I agree to remain at the event for at least 15 minutes after vaccination. I hereby consent and request that inactivated influenza vaccine be given to me. I understand that I will receive 0.5 mL of vaccine. I release and forever discharge for myself, my heirs, executors, administrators and assignees, TotalWellness and their employees, owners and representatives, as well as my employer or any other company involved with this event and their agents, representatives, employees, successors, assignees, governing bodies, and advisory committees from any and all claims, demands, actions and causes of action, which may result from participation in this vaccination program. I understand that the information collected and entered onto this form may be transferred to TotalWellness via an express carrier (UPS, FedEx, etc.). I consent to the transfer of my immunization data to the Immunization Information Systems and/or any applicable state immunization registry or similar immunization records. I understand that TotalWellness may release my name and employee ID to third parties The Hartford has contracted with to provide various wellness programs, incentives, and/or participation tracking. I will share the information provided about my vaccination with my primary care provider

PLEASE PRINT LEGIBLY or we may ask you to complete another form.

First Name:

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Last Name:

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Date of Birth: (mm/dd/yyyy)

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Age*:

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Employee ID:

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☐ Male

☐ Female

☐ Prefer not to answer

Home Address: _____

Sponsoring Company: _____

Company City: _____ Company State: _____

Primary Care Physician Name (Optional): _____

Your primary care physician may be contacted if you have an adverse reaction to the flu shot. If you do not have a primary care physician you may leave blank.

Signature: _____ Date: _____

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*Participants must be at least 19 years of age in Alabama and Nebraska and 18 years or older in all other states.
This form is the property of TotalWellness. The back of this form is intentionally left blank.

