

Penn Medicine

2020-2021 Employee Influenza Vaccination Consent Form

Company

2000

Employee Number

602984



Employee Name	Department	Job Title	Super
Bergen, William J	R2504—IT Informatics	Sr Database Adm	Racico

1. I have received, read, and do understand the **Inactivated Influenza Vaccine Information Statement is: 8/15/2019**. This statement is available by clicking on the link Flu Shot CDC Information Sheet (Inactivated Vi Compliance tab within Employee Records & Paychecks as well as on the UPHS Intranet home page under Flu information. I have had the opportunity to ask questions, which were answered to my satisfaction.

2. A high-dose vaccine is recommended for people 65 years and older. If you are 65 or older today, and wo high-dose vaccine, please notify the immunization nurse.

3. I understand that people with severe (life-threatening) allergies to eggs or prior influenza vaccines should the usual vaccine. I do not have a severe allergy to eggs or prior influenza vaccines. **Note: Egg-free vaccin available in Occupational Medicine for employees with severe egg allergy.**

4. I understand that if I have a history of Guillain-Barré Syndrome related to prior influenza vaccination, I sh the vaccine. I do not have a history of Guillain-Barré Syndrome related to prior influenza vaccination.

5. I do not feel ill or have a fever today.

6. List all allergies: _____

7. I understand the benefits and risks of the vaccine and request that the influenza vaccination be administe

William J. Bergen 9/30/2020
Signature of Bergen, William J Date

John Moser (R) L Deltoid
Printed Name of Provider Administering the Vaccine Administration Site

[Signature]
Signature of Provider Administering the Vaccine

- | | | |
|---|--|--|
| <input type="checkbox"/> Fluzone (High Dose) - Sanofi Aventis, Inc. | <input type="checkbox"/> Afluria - Merck/CSL | <input type="checkbox"/> Agriflu - Novartis |
| <input checked="" type="checkbox"/> Fluzone - Sanofi Aventis, Inc. | <input type="checkbox"/> Fluvirion - Novartis | <input type="checkbox"/> FlucelVax - Novartis |
| <input type="checkbox"/> Flulaval - GlaxoSmithKline | <input type="checkbox"/> Fluairix - GlaxoSmithKline. | <input type="checkbox"/> FluBlok - Protein Sciences Corp |
| <input type="checkbox"/> FluMist - AstraZeneca | | |

X Fluad Quad - Seqirus

279794 6/30/21
Lot Number Expiration Date

Instructions: For flu shot documentation outside of Occupational Medicine (RiteAid, CVS, the VA, Pe Primary Care Provider, other health system PCP office, etc.), please attach to this form, or scan both documentation and this form to OccupationalMedicine@pennmedicine.upenn.edu.