

Influenza Vaccination Acknowledgement and Waiver

I, the undersigned, wish to receive a vaccination against influenza. I am taking this vaccine voluntarily and consent to the vaccination being given to me. I have read the information provided (Influenza VIS). I understand the risks and benefits of this vaccine. I have had an opportunity to ask questions which have been answered to my satisfaction. I hereby waive any claim for damages that I (or anyone claiming on my behalf) may have against the clinic, its directors, employees and agents on account of any injury or misfortune I may suffer as a result of this vaccination.

Print Name _____ Signature _____

Contractor _____ NASA Civil Service _____ Other _____

SS# _____ DOB _____

Date _____

NASA Policy on Vaccination During Pregnancy

The Centers for Disease Control and Prevention (CDC) recommends Influenza Vaccine for women who will be beyond the first trimester of pregnancy during the influenza season because of the increased risk for influenza-related complications. NASA will administer the influenza vaccine in accordance with CDC recommendations and with written consent from your obstetrician.

Please answer the following questions. A nurse or physician will review any “yes” answers.

Are you allergic to chicken, egg or egg products?	Yes	No
Have you ever had an allergic reaction to a flu shot?	Yes	No
Are you pregnant, or think you may be?	Yes	No
Are you sick today with a fever greater than 100.4?	Yes	No
Have you been sick in the past two weeks?	Yes	No

Clinic Use Only

Patient Identifier MR# _____ or UUPIC _____

Vaccine Name _____ Lot # _____ Dose 0.5cc

Administration Date ____/____/____ Time _____ PM / AM

Right Deltoid _____ Left Deltoid _____

Obstetrician Consent Obtained and Documented NA _____ Yes _____

Name and title of the Vaccine Administrator _____